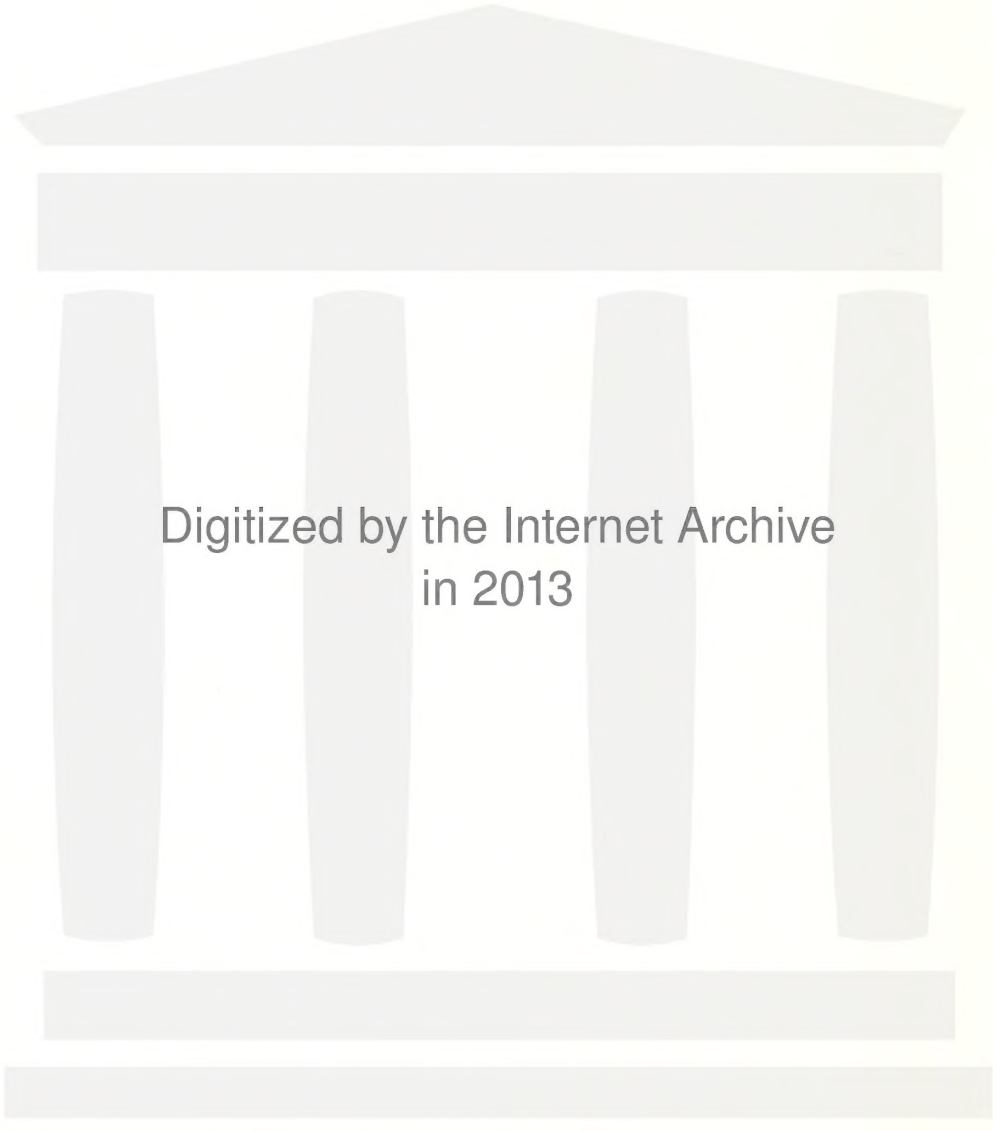

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JANUARY 2000

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LADIES' HOME
JOURNAL
January 2000

On the Cover

42 SHE'S GOT THE LOOK With a closetful of no-fail favorites, and showstopper hair and makeup looks, stars such as Gwyneth Paltrow and Camryn Manheim always step out in style. Find out what elements turn them into singular sensations.

58 REAL SOLUTIONS "I Really Needed to Lose Weight" A few too many holiday treats, a couple of babies, not enough time to exercise—before you know it, your favorite jeans don't fit anymore. But as these three women learned, it *is* possible to drop the extra weight—and not just by dieting. By Bonnie Miller Rubin

63 NEW YEAR, NEW YOU! The start of the new millennium marks a true one-time chance to reevaluate, refocus and, oh, yes, resolve to make changes.

64 101 WAYS TO SEX UP YOUR MARRIAGE Each one is guaranteed to get that pot boiling—starting tonight. By Pamela Redmond Satran

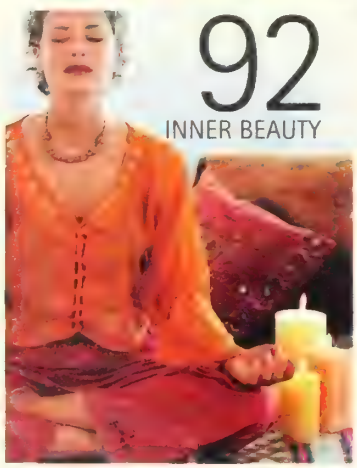
68 RUT BUSTING Get ready to learn a radically different way to simplify and transform your life: All you need is one little trick. By Bill O'Hanlon

72 WHEN A COLD WON'T GO AWAY Coughing? Congested? Headachy? You might be suffering from the most common chronic condition in the country—and it isn't just a cold or allergy. Find out the latest strategies to start feeling good again. By Donna Christiano

81 THE MOST FASCINATING WOMEN OF 1999 They are the women of the year: movers and shakers, celebrities and survivors. Most of our fascinating women had stunning successes in 1999; some faced their share of tough times. But each of them went on to triumph—and, in the process, inspired us all.

88 FASCINATING MOM In our exclusive interview with Jodie Foster, the actress discusses her career, her cooking—and, for the first time, her son, Charlie. By Melina Gerosa









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92 YOU LOOK DIVINE Meditation, yoga, acupressure, aromatherapy . . . when you feel this good on the inside, it can't help but show on the outside.

108 SOMETHING TO CELEBRATE! Usher in the new millennium with this dazzling but doable New Year's Eve menu. By Jan T. Hazard

People

31 FIRST PERSON "I Needed a Medical Miracle" At twenty-two, this woman was diagnosed with a potentially fatal autoimmune disease that destroyed her marriage, her job and her independence. Her only hope—a highly experimental treatment. By Kirstin Wallin, as told to Ingrid Ricks

52 "HEY MOM, WHAT'S SEX?" LHJ columnist Melinda Marshall thought she was progressive, enlightened, and well prepared to answer that question—until her kids actually asked it.

Beauty & Fashion

26 BEAUTY & FASHION NEWS Save your skin from winter woes; eye-opening eyeshadow tips from a makeup expert; fashion finds on sale now; and more.

Home

78 HOME NEWS With a comforting blaze as backdrop, fire screens come to the decorative forefront.

98 SANTA FE TODAY No howling coyotes or turquoise-and-peach color schemes here. In this New Mexico home, a subtle approach to Southwest style makes for a livable, likable decor. Produced by Kimberlie A. Waugh

Food

105 FOOD JOURNAL Three delicious skillet recipes that get dinner on the table in thirty minutes.

118 THE PERFECT FRENCH FRIES These golden, mouthwateringly good homemade frites rival those at your favorite steakhouse. They're simply irresistible!

119 INSIDE THE JOURNAL KITCHEN/RECIPE INDEX

Don't miss our TV special "*Ladies' Home Journal*'s Most Fascinating Women," on CBS, Monday, January 3, at 10 P.M. E.T./9 P.M. C.T., sponsored by CLAIROL. You'll get up close and personal with your favorites and share the inspiring stories of the women who have made 1999 an unforgettable year.











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50 KNOW-HOW Learn how to build a great snowman, read your future, and tie his bow tie for that New Year's gala.

56 BALANCING ACT Indispensable tips from the pros for getting organized right now; the Daddy Dilemma.

124 END GAME: RESOLUTION—TO FINALLY GET FIT Making resolutions is one thing; sticking to them is something else. By Pamela Redmond Satran

122 THE SMART SHOPPER

LADIES' HOME JOURNAL online

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LADIES' HOME
JOURNAL

DATE: 1/00
FROM: Myrna Blyth
RE: Kicking off 2000

Tune in Monday, January 3, and meet the most fascinating women of 1999



For the fourth year running, *Ladies' Home Journal* is on prime time. Our TV special "*Ladies' Home Journal*'s Most Fascinating Women of 1999," sponsored by CLAIROL, will air on CBS, January 3, at 10 P.M. E.T./9 P.M. C.T. The *Journal*, I'm proud to say, is the only women's magazine that has a yearly special saluting the achievements of exciting and entertaining women.

We know you've enjoyed the show in the past, and this year's program will be even more exciting. Among the stars who will appear is this month's cover girl, Jodie Foster. Jodie, who's a great actress and a very private woman, rarely gives interviews. Other fascinating women include TV's Lisa Kudrow, teen sensation Christina Aguilera, best-selling author of the Harry Potter books many kids love, J.K. Rowling, and soccer sensation Mia Hamm—plus a few extra superstar surprise guests. Our host is *Touched by an Angel*'s Roma Downey, and, as a nod to the biggest story of the year ahead, we have exclusive interviews with the wives of the leading presidential contenders. Don't miss it! Tune in and be fascinated.



SOUND BITES

"That's what having kids is about—they're there to show you all the crappy things you do that you have to stop doing. They are your therapy."
—Jodie Foster, "Fascinating Mom," page 88

"Untreated, sinusitis can be dangerous . . . and though rare, a sinus infection can spread to the eyes and brain."
—"When a Cold Won't Go Away," page 72

"When you are stuck with a problem, do something—just one thing—differently. Insanity is doing the same thing over and over and expecting different results!"
—"Rut Busting," page 68



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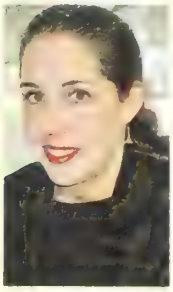
DANIEL SHEEHAN

OCCUPATION: Photojournalist
ASSIGNMENT: To photograph Kirstin Wallin, the subject of "I Needed a Medical Miracle" (page 31).
IMPRESSION: "Even without knowing Kirstin's whole story, you want to root for her. She's an engaging, beautiful person, and very brave."

"I treat makeup like art supplies. I paint and sculpt with it before I photograph it"

—Len DeLessio, photographer for "Beauty & Fashion News" (page 26)





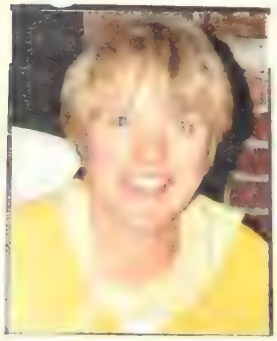
DONNA CHRISTIANO

"Most people, including me, can barely handle a regular cold," says health writer Christiano, who reported on chronic sinusitis for "When a Cold Won't Go Away" (page 72). "Imagine having all those symptoms for weeks or even months at a time. I really feel for people who suffer from sinusitis."

MARGERY D. ROSEN

ASSIGNMENT: To report "I Can't Forget My Old Boyfriend," this month's installment of "Can This Marriage Be Saved?" (page 16).
CREDENTIALS: Sixteen years of working on the column.
COMMENT: "I think in most cases, if both people are willing to try, things can be worked out."





"I've never met a calorie I didn't like"

—*Ladies' Home Journal* Food Editor Jan Hazard, who was honored as the 1999 Editor of the Year by the prestigious James Beard Foundation

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"I Can't FORGET My Old BOYFRIEND"

THIS MONTH'S CASE:

JOANNE felt ignored by **TOM**, so she turned to an old flame for comfort. Could she ever learn to put the past behind her and reconnect with her husband? **By Margery D. Rosen**

JOANNE'S TURN

"I think I'm still in love with Jeff, the man I used to date," confessed Joanne, twenty-nine. "We were so right for each other, but we broke up five years ago because our lives seemed to be going in different directions. Then I met Tom, and I never looked back—until now.

"Jeff and I stayed in touch sporadically. When things started to get rocky with Tom, I'd call Jeff to talk. Then last month I needed him more than ever.

"I work as a troubleshooter for the Web site design firm owned by Tom and Eric, Tom's old college buddy and business partner. Eric and I have never gotten along, and we got into a heated argument while Tom was on a business trip. Suddenly, he twisted my arm hard, then shoved me against the office door. I was hysterical when I showed Tom the bruises on my wrist, but he never said a word to Eric about it. Didn't he care that his partner assaulted me?

"I was so enraged that I packed a bag and drove for three days to Jeff's place in California. It was wonderful being with a man who really understood me, and I thought seriously about staying with Jeff and filing for divorce.

"Tom finally tracked me down a week later and begged me to come back. Tom says he loves me, but his actions—or rather, his lack of action—speak louder than his words.

"Tom is the king of procrastination, promising to do things—like confronting Eric or fixing the bathroom tile—and then wimping out. I know this isn't a federal crime, but when it happens day in and day out, it's infuriating!

"He doesn't take my concerns seriously, either. Three years ago, when we first looked at the house we ended up buying, I loved it. But I didn't want to drown in debt. Tom told me I was being a worrywart and got his parents to lend him money. Who knows when we'll be able to pay them back?

"I guess we're like my parents, whose marriage wasn't very happy, either. My father was a salesman, and we moved *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Bonnie Eaker Weil, Ph.D., a marital and family therapist in New York City. The story told here is true, although names and other details have been changed to conceal identities.

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"Being with Jeff made me wonder if I had chosen the wrong man," said Joanne

(continued) every few years. I didn't have many friends because I never had time to get to know anyone. Dad was smart, but distant and very strict. Breaking even a small rule meant immediate punishment. Despite this, I idolized Dad. I'd rush to meet him when he came home.

"I was a serious student, and I planned to go to nursing school. But when I was in high school, we found out that my father had been having an affair—and that he'd had a son with the woman.

"My parents separated twice, but never divorced. I felt lost. I met a guy at seventeen, followed him to a college I didn't really like, and married him when I was a junior. It lasted less than a year.

"After the divorce, I dropped out of college and found a job as an assistant manager at a restaurant. That's where I met Jeff, who was putting himself through school. Jeff was my soul mate. We lived together for two years. But he had this dream of going out West. It didn't appeal to me, and we couldn't compromise.

"After Jeff moved to California, I met Tom. Though I was leery of another serious relationship, I couldn't help falling in love with him. A year after we met, we had a big wedding.

"What's so confusing is that in many ways, Tom is very caring. If he knows I've had a bad day, he'll buy me roses. I do appreciate it, but it doesn't change the fact that he overlooks important issues every day.

"My life is a mess. Going to see Jeff was so unlike me. I feel very guilty about having a fling with him. But I can't deny it—being with Jeff made me wonder whether I'd chosen the wrong man.

"I still talk to Jeff, and the last time he called, he urged me to give my marriage one more try. So that's why I'm here—but I'm afraid it's hopeless."



TOM'S TURN "When I realized that Joanne had left, and where she was, I went nuts," said Tom, thirty-four. "I couldn't believe she had cheated on me. I was crushed—and still am.

"I got Jeff's number from our phone bills, then called information and got his street address. I hopped on a plane to California and sat in front of his house for six long hours until they came back after dinner. When I spotted them walking down the street, my heart hit rock bottom. It was awful seeing my wife with another man. I pleaded with Joanne to come home, but she said no. I didn't know what to do or think. Somehow, I got myself back on the plane and prayed that she'd follow me home.

"When Joanne finally walked in the door two days later, I was so relieved. But the way we're living now is a joke. Joanne has established all these rules I have to live by—like sleeping downstairs, which I hate. I honestly don't know how to make things better. I'd do anything for Joanne, but she doesn't see it that way.

"I know I handled the incident with Eric badly, and I regret that. I'm sure he never meant to hurt her—he's just a hothead. Most of the time, I just ignore him. But Joanne can't let anything slide. She's so dramatic and nasty. She always has a complaint about something I did or didn't do, so it's hard to figure out whether it's really a problem or if she's just having one of her little tantrums. I'm not used to people yelling at each other; that's not the way I grew up.

"I'm the oldest of four kids. My mother was a teacher, and my dad was a professor, a brilliant man but somewhat aloof. It was a pretty calm childhood—no crises, no tragedies. I was only an average student, but that didn't seem to upset my parents. I ended up going to the university where my father taught, and that's where I met Eric.

"During summer vacations, we worked *(continued)*

Visit LHJ Online at www.lhj.com/marriage to join our ongoing Marriage and Relationships discussion group. You can share your feelings about this month's case, and exchange questions and opinions about issues facing you and other couples.



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(continued) for a small computer firm in town. After realizing we could do a better job than our bosses, Eric and I launched our own company. By the time we graduated, we had a decent-size business. When I met Joanne, I admired her drive. I'd dated a lot of different people, and I knew in my heart that this was meant to be.

"But we see the world very differently. Joanne is edgy and wired. She gets into a frenzy over everything. I'm just not that way. My parents taught me that things will always work out in time.

"There's the house, for instance. I could tell that Joanne was in love with it, and I wanted her to have the home of her dreams. We didn't have enough for a down payment, so I borrowed the money from my folks. Their own parents helped them buy their house—what's the big deal? But Joanne was terrified, saying, 'We'll never be able to pay them back!' I can't make her understand that eventually we will.

"Hard as it may be to believe, I honestly don't hate Jeff—he only wanted to make Joanne happy. But it hurts me deeply that my wife cheated, and I can't stand the thought that she still has feelings for him. When she's ready to stop contacting Jeff and work on our marriage, then we've got a chance. But it has to come from her heart."

"Joanne wanted Tom to take a stand to show that he loved her. Once he did, she cut off all contact with Jeff"

THE COUNSELOR'S TURN

"Joanne had a history of running away from problems," said the counselor. "When Tom didn't defend her against Eric right away, she fled into the arms of her old boyfriend.

"I told Joanne that she had to end her relationship with Jeff. But Tom also had to make it clear that he didn't approve of Joanne's calling her old boyfriend. 'Unless you set limits, you're sending the message that it's okay,' I said. Joanne wanted Tom to take a stand to show that he loved her. Once he did, she cut off all contact with Jeff.

"An affair may be an attempt to compensate for the hurts, losses or unmet needs of our youth. In Joanne's case, she couldn't admit that the father she had adored had betrayed her family by having an affair. Until she confronted her father's actions, Joanne would never work through her marital problems.



"I suggested that Joanne talk to her father. So one weekend, she went home and had a long, tearful talk with her dad. He apologized for what he'd done, and that marked a significant change in their relationship. For the first time ever, her father began calling her several times a month just to talk. This was a key step in helping Joanne feel acknowledged.

"However, Joanne was right in saying that Tom wasn't listening to her. He was a victim of what I call 'magical thinking.' He put off everything Joanne nagged him about, believing they would take care of themselves. 'By not attending to these needs, you're abandoning your wife, just as she abandoned you,' I told him.

"I sensed that Tom's family had acted in similar ways. Problems were swept under the rug. What's more, his parents hadn't encouraged him to achieve anything. As a result, Tom learned not to expect much of himself. Instead of problem-solving, he tried to placate Joanne.

"This couple weren't communicating effectively. Tom needed to take Joanne's concerns seriously. I told him, 'You have to hear Joanne out so she doesn't feel ignored. Tell her what you intend to do—and then do it.'

"Then I told Joanne to stop attacking Tom. She learned to curb her criticism, and made an effort to praise the things that her husband did do. These two now set aside time each week to talk. When they go over problems, they come up with at least three ideas and a deadline for fixing them. The tension between them eased, and soon they were once again enjoying a satisfying sex life.

"Tom had a long-overdue talk with Eric, warning, 'Don't you ever hurt my wife again.' Eric apologized to Joanne, but by this time, she had decided that she didn't want to work for their company anymore. She's going back to school to earn her nursing degree.

"Tom and Joanne ended therapy after six months, having proved that while infidelity is a wrenching betrayal, it doesn't have to spell the end of a marriage." ■

LHJ BOOK BAG

Falling in love is easy; knowing how to stay in love is a skill. In the book *Make Up, Don't Break Up*, therapist Bonnie Eaker Weil, Ph.D., describes common relationship problems and gives techniques to overcome them. This 288-page hardcover sells for $28.95, which includes shipping, handling and applicable sales tax.

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CALENDAR

MONTH OF JANUARY

Turn off the TV and read a good book. It's **National Book Month**, after all, an annual celebration of great American writers—and great American readers, too. Bookstores, libraries and schools will be hosting free literary events for all ages. Check *www.nationalbook.org* for more info.

JANUARY 20

Witness the millennium's **first lunar eclipse**, when the Earth will pass precisely between the sun and moon, starting at 10:01 P.M. E.T. Total eclipse—the point when the moon is completely covered by Earth's shadow—will occur around 11:45, but rather than disappear into darkness, the eclipsed moon will glow a spectacular dark red.

JANUARY 31

Want to boldly go where no tourist has gone before? Think you've got the right stuff? Then be sure to beat this day's deadline for entries to **win a trip to outer space**, courtesy of Dole Food Company. The prize, worth $98,000, includes seven days of astronaut training and a voyage to the weightless realm on the first spaceship built for commercial passengers. Entry forms are available at *www.dole.com*.

—Alison Calabia





After the attack, Kerrigan continued her skating career while Harding struggled

FOLLOW-UP: ON THIN ICE

It was an Olympic-sized drama: Just weeks before the 1994 Winter Games, skater Nancy Kerrigan was clubbed in the knee. The attack was planned by the now-ex-husband of her rival, Tonya Harding; he was later convicted. Harding admitted that she'd tried to cover up the crime, and was fined and placed on probation. Since then, both Kerrigan and Harding have tried to put the incident behind them.

Kerrigan has had far more success. After winning the silver medal in 1994, she scored lucrative endorsements. Now married to her agent, and the mother of a three-year-old, Kerrigan, thirty, skates in exhibitions and TV specials. Last fall, she recorded a disco single, and this month, she appears in the TV movie *Ice Angel*.

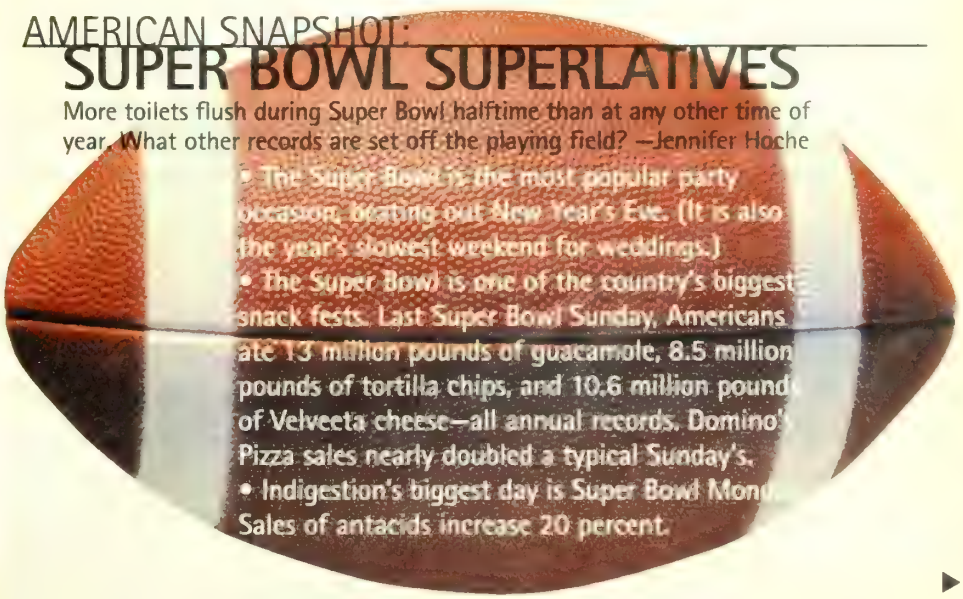
Harding, twenty-nine, was banned forever from U.S. Figure Skating Association competition. Last October, she skated professionally for the first time, and took second place in the ESPN skating championships.

In 1998, Harding and Kerrigan were paid about $250,000 to appear together on a Fox TV special. But another meeting is unlikely. "She has her life and I have mine," says Harding. "I think we both like it that way."

—Christine Many

AMERICAN SNAPSHOT: SUPER BOWL SUPERLATIVES

More toilets flush during Super Bowl halftime than at any other time of year. What other records are set off the playing field? —Jennifer Hoche

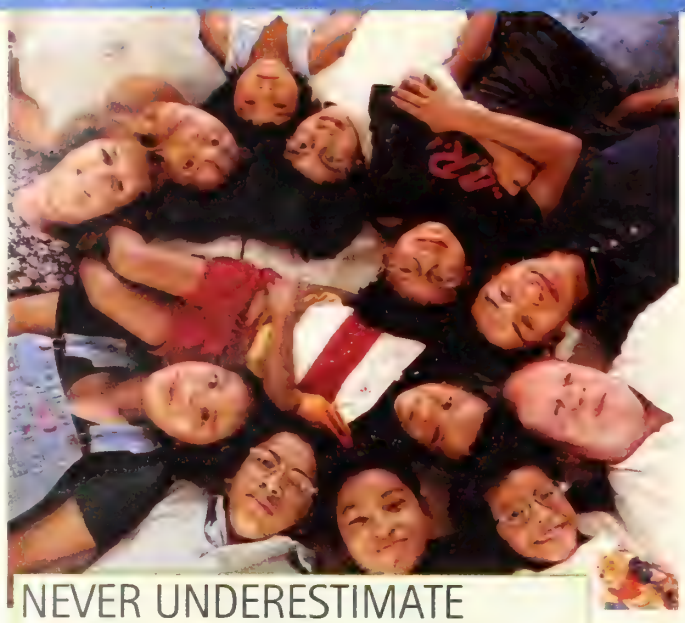


- The Super Bowl is the most popular party occasion, beating out New Year's Eve. (It is also the year's slowest weekend for weddings.)
- The Super Bowl is one of the country's biggest snack fests. Last Super Bowl Sunday, Americans ate 13 million pounds of guacamole, 8.5 million pounds of tortilla chips, and 10.6 million pounds of Velveeta cheese—all annual records. Domino's Pizza sales nearly doubled a typical Sunday's.
- Indigestion's biggest day is Super Bowl Monday. Sales of antacids increase 20 percent.

PULSE POLL

DO YOU HAVE MILLENNIUM MADNESS? WHAT DO YOU EXPECT TO BE DOING ON NEW YEAR'S EVE?

CELEBRATING WITH FAMILY OR A GROUP OF FRIENDS	53%
SLEEPING	16%
HAVING SEX	9%
ATTENDING A PARTY	15%
THROWING A PARTY	4%
CELEBRATING IN AN EXOTIC LOCATION	3%



NEVER UNDERESTIMATE THE POWER OF A WOMAN®

Shirley Hughes of Mesa, Arizona, gives a whole new meaning to the word *mom*. Last summer, Shirley and her husband, Van, both 52, became the proud new parents of ten when they adopted Doni, 5, Veronica, 6, Maria, 8, Jose, 9, Juan, 11, Agustino, 12, Steven, 13, Asucena, 15, Teresa, 16, and Frank, 18. The children were found four and a half years ago living in squalor after being abandoned by their alcoholic mother; the Hugheses agreed to take them in. "I knew it would be better for them to stay together," says Shirley.

The kids couldn't be happier with their new family. "It's like you've been my mom my whole life," Juan told Shirley. Adds Frank, "[Shirley and Van] took on a lot of responsibility. They are like angels from above." —Gillian Drummond

JUST WONDERING

The '60s were psychedelic, the '80s are remembered as a time of runaway greed. How to sum up the '90s? We asked icons of the last several decades to put a name to the last decade of the millennium.

"The Years of Depersonalization. The individual stopped counting. All you are these days is your E-mail address." *—Artie Kornfeld, Woodstock co-organizer*

"The Empowering '90s. This decade has brought our nation the tools to make this a better world for all." *—Clayton Moore, a.k.a. The Lone Ranger*

"The ME-llennium." *—Florence Henderson,* The Brady Bunch *mom*

"The 90s.com. The information highway made the world feel smaller than we ever thought possible, while accelerating the opportunities. It put our imaginations into overdrive." *—Christie Brinkley, cover model*

"The '90s will be defined by the cubicle. It's the decade in which people were willing to be stored in little square containers for most of their waking hours. Someday this will seem bizarre to us." *—Scott Adams,* Dilbert *creator*

—Liz Ozaist and Sarah Smith

PREVIEW: COMING ON CABLE

Feel like there's nothing to watch on TV? Well, stay tuned—you'll soon have all these options to flip to:

The Anti-Aging Network: Info on rejuvenation therapies and more to help viewers live better longer.

Beauty Channel: Beauty news and entertainment.

The B-Movie Channel: Features second-tier flicks 'round the clock.

CrimeBeat: Crime and cops all the time, featuring a show called *Cop Talk*.

The Documentary Channel: Independent documentaries from around the world.

Fashion Network: Fashion news and lifestyle programming.

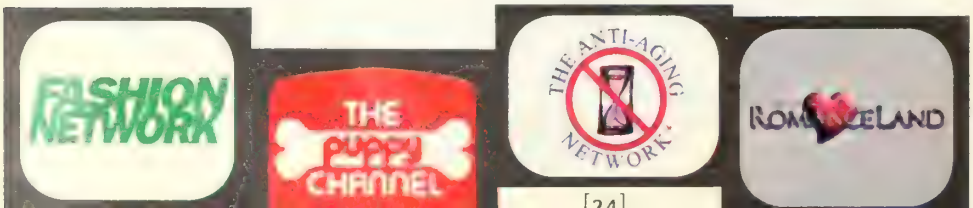
Fifth Avenue Channel: Tips on how to make money—and spend it.

The Puppy Channel: Twenty-four-hour video of "puppies being puppies."

The Real Estate Network: Covers the national real-estate scene with televised listings.

RomanceLand: For anyone who's ever read a paperback with Fabio on the cover.

SoapNet: Enough said.



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ON TREND

FROM RUNWAY TO CLOSET

Get a jump on spring styles by picking up these key items on sale now. Look for:

LEATHER A pair of pants or a knee-length skirt in black, brown or camel. Pocketless styles are the most figure-flattering.

DENIM Look for interesting non-jean shapes, such as a tailored shell or a shirtdress, in a lighter-weight fabric that drapes.

GREEN Buy absolutely anything and everything in the shade that's all the rage—lettuce green.



CHEAP CHIC

SPECS APPEAL

YOU WON'T BELIEVE YOUR EYES WHEN YOU SEE THE PRICE TAG ON THESE NEW READING GLASSES THAT MAGNIFY EVERYTHING YOU SEE—INCLUDING YOUR STYLE QUOTIENT! FROM LIZ CLAIBORNE, THEY'RE A MERE $28, AND THEY SPORT SIMILAR TRENDY SHAPES AND COLORS AS PRICEY DESIGNER FRAMES.

CELEB PICK

1940s glamour is back in Tinseltown. Stars are suddenly flashing ultra-dark, femme-fatale-inspired manicures. Calista Flockhart favors Hollywood and Wine from O•P•I, a deep burgundy lacquer. Expose your own dark side—just make sure to file nails short and square for the most modern, star-worthy style.



CALISTA FLOCKHART

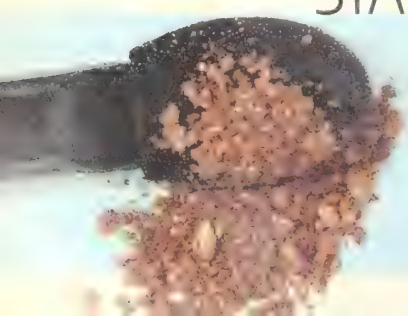
NO PROBLEM

THE BIG BANG

Growing out last year's bangs requires all the patience of a Zen master. Star stylist Laurent Dufourg suggests these tweaks to ward off the Cousin Itt look: Change your part, sweep bangs over to one side or use a wide, soft headband to push bangs back.

MORE BEAUTY, LESS EFFORT

STARRY EYED



Instantly update your look with this eye-lighting technique from Stila makeup creator Jeanine Lobell. 1. Choose a neo-glam bronze eyeshadow, such as Stila's Ray (left). 2. Smooth the shadow on from lashline to just above the crease. 3. Wet an eyelining brush, dab into shadow, then trace over the upper and lower lashline. Finish with two coats of glossy black mascara.

Log on to **www.lhj.com** for your personalized eye-makeup tips.


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TAKE COVER

LAURA MERCIER, STAR MAKEUP ARTIST, TELLS HOW TO HIDE COLD-WEATHER SKIN WOES

It's bad enough that cold temperatures wreak havoc with your skin, but when that dryness is exacerbated by the red nose and flaking skin that come with a winter cold or flu, you need even more TLC.

- Prep raw skin around your nose and upper lip with a soothing moisturizer (we like Nivea Visage Facial Nourishing Creme) to banish flakes.
- Soften lips with a conditioner containing alpha hydroxy acids to slough away dry cells. Try Mercier's new Lip Silk.
- Apply a light layer of moisturizing foundation to red, irritated areas.
- Then stroke on concealer with a brush (for perfect placement); use fingers to blend edges seamlessly.



Skin SAVERS

Everything you need to know to keep glowing all winter long

SKIN DEEP

ALL SKIN TYPES—EVEN OILY—NEED EXTRA HYDRATION WHEN EXPOSED TO COLD, DRY AIR, SO STOCK UP ON SKIN-PAMPERING, MEGA-MOISTURIZING PRODUCTS THAT SOOTHE

Protect vulnerable skin from the harsh elements, including sun damage (yes, in wintertime, too) with a skin shield. Try Clinique's Weather Everything SPF 15, a lightweight antioxidant cream, under makeup.



Treatment cleansers, such as Oil of Olay Daily Renewal, go a step beyond to remove grime and gently exfoliate without over-stripping.

Heat-activated masks open your pores to deep clean and deliver skin-soothing ingredients. Try Mudd Aromatherapy Self Heating Skin Cleanser.





Get rid of dry flakes, restore skin texture and brighten your complexion with a retinol-based exfoliator, such as Christian Dior's Phenomen-A.

Keep dryness in check with a heavy-duty moisturizer, such as Noxema Skin Fitness Intense Replenishment Oil-Free Moisturizing Cream.



Zap wrinkles that become more prominent in dry winter air with an overnight-delivery patch, such as Bioré Fine Line Gel Patches; use three times per week.

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"I Needed A Medical MIRACLE"

At twenty-two, I was diagnosed with a potentially fatal autoimmune disease that cost me my marriage, my job and my independence. My only hope—a highly experimental treatment

By Kirstin Wallin, as told to Ingrid Ricks

As I lay in my hospital bed on March 30, 1998, hooked up to a battery of machines, I knew that the treatment dripping into my body was very risky. But I also knew that without it, I would die.

My ordeal began two years earlier, shortly after my twenty-second birthday, when I first noticed puffiness and tightness in my fingers. I thought it was simply another symptom of Raynaud's phenomenon, a condition I had been diagnosed with at fifteen.

Raynaud's causes poor circulation in the extremities, so my fingers were always cold and blue. I saw a rheumatologist to treat the condition, and during a routine visit I mentioned the puffiness and tightness. My doctor told me he wanted to run a few blood tests.

I was stunned when he called me into his office afterward to tell me that I had tested positive for scleroderma, an autoimmune disorder that causes a person's immune system to attack itself. "We can treat the symptoms—muscle inflammation, high blood pressure, joint pain," he said. "But there is no cure."

I called my husband, Chris, who was in Korea, serving with the Army. He was concerned, but didn't seem to understand how devastating the diagnosis was. I felt scared and alone.

I began reading about the disease, and what I discovered terrified me even more. Scleroderma, which literally means "hard skin," leads to the overproduction of collagen, a fibrous substance the body normally uses to create scar tissue. The excess collagen is deposited in skin tissue (which can cause disfigurement and limited flexibility) and can damage the heart, lungs, *(continued on page 36)*





Kirstin's family prays with her just before she receives her transplant; Kirstin nervously awaits her first radiation treatment; performing exercises with her physical therapist

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- Your instructor mails it back to you with a detailed letter explaining his or her edits and tells you what your strong points and weaknesses are, and what you can do to improve.

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and between you both, you
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less of talent or potential."

"...a little bird...has just been given...freedom"

"The course has helped me more tha
can say," writes Jody Drueding, Bosto
MA. "It's as if a little bird that was loc
up inside of me has just been given t
freedom of the garden."

Romy Squeri, Havertown, PA, say
met two of your students in my critiqu
group and realized that they were the
writers there."

"I'd take the course again in a heartbeat!"

"I'd take the course again in a heartbe
says Tonya Tingey, Woodruff, UT. "It
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"...it is comforting to know that t
are still people out there who deliver
they promise," writes Meline Knago,
Midland, TX. "The Institute is everythi
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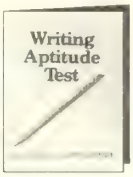
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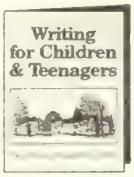
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(continued from page 31) kidneys and esophagus (which can result in impaired function and death).

I also learned that scleroderma strikes about three hundred and fifty out of every one million Americans, and is almost always preceded by Raynaud's phenomenon. Approximately 80 percent of scleroderma patients are women between the ages of twenty and fifty-five. Experts theorize that the disease may be triggered in part by non-host (or foreign) cells that are transferred during pregnancy, either from mother to fetus or vice versa. Another untested theory is that non-host cells may be transferred in the womb from one fraternal twin to another. Could I have contracted this horrible disease from my twin sister, Kelda? Or from my mother? We may never know the answer.





Kirstin now takes pleasure in everyday things like being able to drive again and shopping without a wheelchair

Scleroderma attacks each of its victims differently. For some, the progression is slow, enabling them to lead normal lives for years. In my case, the attack was quick and fierce. Within a few months of my diagnosis, I developed an arthritic condition in my knees, legs and hips. I had to resort to using a cane; within a year, I needed a wheelchair.

I watched in horror as my hands curled up into claws. Then the disease crept up into my face, leaving hard, leathery skin in its destructive path. My nose became pinched, and the skin around my mouth tightened so that I couldn't close it completely. And my weight ballooned from 105 to 140 pounds.

In November, my husband's three-year enlistment ended. Chris and I had married in May 1994, and moved to a base in Tacoma, Washington, a three-hour drive from my hometown of Oak Harbor. We were very much in love, but we were in no way ready to deal with something as devastating as scleroderma. Our relationship went downhill quickly after his return. I worked full-time at an auto-parts distribution center to support us while Chris looked for a job.

I managed to get by at work, but my hands were becoming increasingly disfigured. I had a difficult time bending over, too, making it impossible for me to even put on socks or tie my shoes.

My stress and exhaustion finally erupted into a heated argument with Chris and I went to stay with a friend. Two days later, my boss quietly informed me he was letting me go. He said, "Kirstin, you are sick and need to take care of yourself."

I was devastated. My health was failing, my marriage was crumbling and now I had lost my job. I called my mom, crying hysterically, and asked if I could come home.

I moved back in with my parents on June 12, 1997. By this time, it was a struggle to get up and down a flight of stairs. I was taking a shower only every three or four days; it was just too hard to stand that long. And my lungs were also starting to succumb to the scleroderma, causing me to cough and get winded easily. I felt trapped in an old woman's body. I became so depressed, my doctor put me on Prozac. By October, Chris and I filed for divorce.

Finally, in November 1997, my rheumatologist referred me to Daniel E. Furst, M.D., director of arthritis clinical research at Virginia Mason Research Center, in Seattle, who was renowned for his work in scleroderma. The severity of my body's deterioration alarmed Furst. My skin score, a test that measures skin hardening and thickening, was a devastating thirty-three, compared to zero in healthy people.

Knowing that without intervention my chances of survival were slim, Furst told my family and I about a groundbreaking clinical trial that uses stem-cell transplants to treat the most severe cases of scleroderma. He explained that it is a dangerous procedure in which a patient's stem cells (the body's building-block cells) are harvested and stored. Then the patient's immune system is destroyed with massive doses of chemotherapy and radiation. When the cells are reintroduced into the body, they reproduce and build a new, healthy immune system. *(continued)*


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...what a great *idea*

Furst warned us that there was out a 20 percent chance I would die m the procedure. He also said that chemotherapy and radiation would obably leave me unable to have ildren.

I was the first to break the heavy si- ice upon leaving the doctor's office. I want to do it," I announced.

The stem-cell transplant would cost least $80,000. I was lucky; my insur- ce company agreed to pay.

I finalized my divorce on February 17, 98. The next day, I moved into a attle apartment with my twenty- ir-old brother, Erik, to begin a bar- ge of tests. Shortly after that, I was en injections to accelerate my body's oduction of stem cells. A catheter was erted in my chest, and for the next ree days my blood was pumped ough a blood-filtering machine. My m cells were removed and stored. terward, I underwent radiation and emotherapy to kill my immune sys- n. My stem cells were then returned o my body through an IV.

I spent the next three weeks in the spital, waiting for my stem cells to replenish themselves. Finally, on Easter Sunday, I was released.

The improvements over the next few months were remarkable. My joints stopped aching and I was able to extend my arms and even climb the stairs. Soon I was driving again. By fall, I felt like my old self. I moved into an apartment with a friend and enrolled in college, where I'm pursuing a degree in psychology. I hope to work with chronically ill patients and their families. I am dating again and dream of one day remarrying and starting a family. Kelda has offered to be a surrogate mother.

Though I feel so much better than I have in years, I still have reminders of the disease. I had an operation on my left hand to straighten my fingers, but my hand will never regain full mobility. My lungs have suffered irreparable damage that makes me very congested when I get sick. And my skin, though down to a skin score of fourteen, will likely never regain its full elasticity.

Because the stem-cell transplant is so new, there is no way to know whether the disease will return. But I choose not to dwell on that. Instead, I think about the miraculous gift I have been given. ■

STEM-CELL TRANSPLANTS

he use of stem-cell ransplants to treat atients suffering from evere scleroderma is a roundbreaking medical rocedure pioneered by xperts at Virginia Mason esearch Center and Fred lutchinson Cancer esearch Center, both in eattle. "Our hope is to et the disease under ontrol and allow the ody to heal itself," says aniel E. Furst, M.D., irector of arthritis linical research at irginia Mason Research enter.

Since the study's unch two and a half ears ago, eight cleroderma patients ave undergone the eatment. Six of them, including Kirstin Wallin, have improved dramatically. Two died.

Even after a successful transplant, patients must take precautions to avoid contracting a simple infection, which can be life-threatening until the body's new immune system is fully developed.

Because of the risks, only those patients with the most aggressive forms of scleroderma are considered for the procedure. Selection is based on three factors: The patient's skin score must be twenty or higher; the disease must have attacked the heart, lungs or kidneys, but not to the degree that it would increase the danger of the transplant; and the patient must have had scleroderma for less than three years. (After three years, the immune system appears to play a less significant role in the disease's progression, greatly minimizing the impact of the transplant.)

Currently, Seattle is the only place in the U.S. offering this treatment for scleroderma, but Furst hopes more centers will be doing the procedure soon. For more information, contact Daniel E. Furst, M.D., Virginia Mason Research Center, 1201 Ninth Avenue, Seattle, WA 98101-2795; E-mail: *crgdrg@vmmc.org*.



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Ocean Spray Cranberry Juice Cocktail helps maintain urinary tract health (there, we said it). Now we've got something that's even better for you. Cranberry Juice Cocktail *Plus*. Loaded with Cran•Health™ benefits. With calcium. With 30% more Vitamin C. And with Vitamins A and E. New Cranberry Juice Cocktail *Plus*. The classic taste you expect from Ocean Spray. *Plus. Plus. Plus.*

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She's Got THE LOOK

With a closet full of no-fail favorites, and showstopper hair and makeup looks, these ten stars always step out in style. Find out what elements transform them into singular sensations

GWYNETH PALTROW









When she picked up her Oscar for Best Actress in *Shakespeare in Love* last year, Gwyneth Paltrow looked like a fairy princess all dressed in pink. For her more everyday moments, Gwyneth's approach to fashion is no-frills minimalist: She sports sleek, trendy shapes such as spaghetti-strap tubes and V-neck tiny tees. And whether her hair is long, short or somewhere in between, it's always sleek, elegant and modern.

CAMRYN MANHEIM

The Emmy-winning actress and author of *Wake Up, I'm Fat!* puts into practice the self-assured, ultra-confident attitude she preaches. Her plus-size style trick? You can create an instantly streamlined silhouette with any outfit—a slipdress, jeans and a white shirt unbuttoned to there—by simply topping it off with a black jacket or wrap. But Camryn's best accessory is her ever-present smile.









Daily [illegible] with beta hydroxy Complex and [illegible] to [illegible] while [illegible] and texture. From the Age-defying house of Olay.

PROVEN TO HELP YOU LOOK younger.

fashionstatements



JULIA ROBERTS

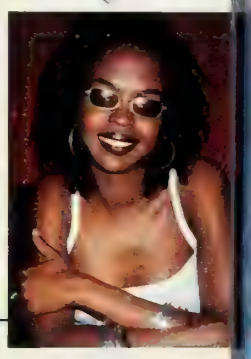
Hollywood may have introduced her to us as a big-haired waitress in 1988's *Mystic Pizza*, but today Julia is one pretty woman with a superstar style all her own. While her choice of shoulder-baring, halter-cut evening looks remains constant, Julia's hair is her ever-changing accessory—red and wavy à la *Notting Hill*, or a slick blond updo for a night on the town.



LAURYN HILL

A mix of Army-Navy-store finds and ethnic-inspired accessories gives Lauryn the look of a true urban outfitter. A cropped jeans jacket over a tube dress, or a campus letter jacket keep her cool quotient high, but she also lets the smaller details—shiny tinted glasses, silver hoop earrings and bangle bracelets—set the hip mood.





CALISTA FLOCKHART

As Ally McBeal, Calista wears her share of short-skirted suits, but offscreen, she's a jeans-and-tee-shirt girl at heart. When it's time to dress up to stroll the red carpet at a glamorous Hollywood event, she opts for skinny, attention-grabbing gowns: Tiny Calista really stood out in a sea of black dresses with the pea-green number she wore to the 1998 Screen Actors Guild Awards.



HILLARY CLINTON

Perhaps it was prompted by a need for comfort on the campaign trail: With a wardrobe of monochromatic pantsuits, a chin-length layered hairdo and face-framing earrings and choker, Hillary has traded in classic First Lady fashion for pared-down polish.



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IT DOES AS MUCH FOR

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Revitalizing Eye Gel. Refreshing cucumber extract with hazel and ProVitamin B5 reduce the look of puffiness and [illegible]. And that ought to change the way you look at things. From the Age Defying Series by Olay.

PROVEN TO HELP YOU LOOK YOUNGER




MAKING SENSE
OUT OF THE
COMPLEXITIES OF
MENOPAUSE.

You may not even know you're losing estrogen, but the symptoms of menopause—
ot flashes, night sweats, vaginal dryness—are signs of estrogen loss. Protecting yourself
ow is important because estrogen loss can lead to *osteoporosis*, a long-term health problem.

PREMPRO CAN HELP.

erstanding menopause and estrogen loss.

u're in menopause, significant changes are occurring
n your body. The hot flashes, night sweats, and vaginal
ess you may be experiencing are the signs that your
is producing less estrogen. PREMPRO can relieve these
toms and help you feel better.

if you have only mild hot flashes or night sweats, or
aps none at all, you are still losing estrogen during
pause, and that can lead to osteoporosis, which can
t your future health. Many women begin to lose bone
early in menopause. In fact, a woman can lose up to
of her bone mass in the first 5 to 7 years after
pause begins, which could contribute to future fractures.

PRO offers proven health benefits during and menopause.

PRO, hormone replacement therapy, is prescribed for
len who have not had a hysterectomy to relieve the
mfortable symptoms of menopause. PREMPRO is proven
lieve the hot flashes that can disrupt your days. It also
iates the night sweats that can interrupt your sleep,
h may leave you tired and irritable the next day. With
PRO, you should stop experiencing these symptoms,
within days of starting therapy.

in weeks, PREMPRO can ease the discomfort of vaginal
ess that can make sexual intimacy uncomfortable.
importantly, studies have shown that PREMPRO,
with calcium and exercise, helps to protect against
pporosis by preventing early bone loss and reducing
nd wrist fractures by approximately 60%.

le-tablet PREMPRO.

blend of multiple estrogens in PREMPRO is the same
in one of the most widely studied of all estrogen
ucts. With PREMPRO, you can feel confident you
etting the same blend of estrogens that women
their doctors have trusted for over 55 years
bined with a progestin in one, convenient tablet.

e can be side effects with PREMPRO.

gen can increase the risk of cancer of the uterus.
estin combined with estrogen, as in PREMPRO,
reduces this risk. Women who have had a hysterectomy do not have this risk. PREMPRO contains progestin, which may have unfavorable effects on blood sugars and may worsen a diabetic condition. Side effects of PREMPRO include blood clots, nausea, vomiting, abdominal pain, breast tenderness, irregular bleeding, and headache.

PREMPRO is not right for every woman.

You should not take PREMPRO if you have had any breast or uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, liver or heart disease, stroke, or if you think or know you are pregnant. Pregnant women should not take PREMPRO because of possible risk to the fetus. Tell your doctor about your personal and family medical history.

Protect your health now with PREMPRO.

Now, more women than ever are taking an active role in their own health care. If you are in menopause, there's no better time to ask your doctor if PREMPRO is right for you. Taking PREMPRO today can relieve your uncomfortable symptoms, and may help protect you from osteoporosis. For more information, talk to your doctor or other health care provider now about the proven benefits of PREMPRO.

Please see the important information on the following page.

SPEAK WITH YOUR DOCTOR ABOUT MENOPAUSE

Have your periods stopped or become irregular?__

Have you started to experience hot flashes?__

Have you been unable to sleep or awakened because of excessive sweating?__

Has vaginal dryness made sexual intimacy uncomfortable?__

Do you have a small frame or family history of osteoporosis?__

If you answered yes to any of these questions, you should speak to your doctor.

PREMPRO™

(conjugated estrogens/medroxyprogesterone acetate tablets)

0.625 mg/2.5 mg

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

PREMPHASE® Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

PREMPRO and PREMPHASE each contain a combination of two hormones, an estrogen and a progestin. The combination of estrogen and a progestin has been shown to provide the benefits of estrogen replacement therapy while lowering the frequency of a possible precancerous condition of the uterine lining. This therapy is not intended for women who have had a hysterectomy (surgical removal of the uterus).

Estrogens have several important uses but also some risks. You must decide, with your doctor, whether the risks of estrogens are acceptable when weighed against their benefits. The length of treatment with estrogens can vary from woman to woman. Check with your doctor to make sure you are using the lowest possible effective dose.

With PREMPRO or PREMPHASE therapy several menstrual-like bleeding patterns may occur. These may range from absence of bleeding to irregular bleeding. If bleeding occurs, it is frequently light spotting or moderate menstrual-like bleeding, but it may be heavy. Please discuss your bleeding pattern and set up an appropriate schedule for follow-up care with your physician.

USES OF ESTROGEN

To reduce moderate to severe menopausal symptoms. Estrogens are hormones produced by the ovaries of normal women. The decrease in the amount of estrogen that occurs in all women, usually between the ages of 45 and 55, causes menopause. Sometimes the ovaries are removed during an operation causing "surgical menopause." When the amount of estrogen begins to decrease, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck, and chest, or sudden intense episodes of heat and sweating ("hot flashes" or "hot flushes"). Using estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. Some women have none or only mild menopausal symptoms; in others, symptoms can be severe. These symptoms may last only a few months or longer. Taking PREMPRO or PREMPHASE can alleviate these symptoms. If you are not taking hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO or PREMPHASE only as long as you need it for relief from your menopausal symptoms.

To prevent thinning of the bones. Osteoporosis is a thinning of the bones that makes them weaker and allows them to break more easily. The bones of the spine, wrists, and hips break most often in osteoporosis. Both men and women start to lose bone mass after about age 40, but women lose bone mass faster after the menopause. Using estrogens after the menopause slows down bone thinning and may prevent bones from breaking. Eating foods that are high in calcium (such as dairy products) or taking calcium supplements (1000 to 1500 milligrams per day) and certain types of exercise may also help prevent osteoporosis. Before you change your calcium intake or exercise habits, it is important to discuss these lifestyle changes with your doctor to find out if they are safe for you. Since estrogen use is associated with some risks, its use in the prevention of osteoporosis should be limited to women who appear susceptible to this condition. The following characteristics are often present in women who are likely to develop osteoporosis: white or Asian race, small, slim body frame, cigarette smoking, family history of osteoporosis, and early or surgical menopause.

To treat vulvar and vaginal atrophy (itching, burning, dryness in or around the vagina, difficulty or burning on urination) associated with menopause.

WHO SHOULD NOT USE ESTROGENS

During pregnancy. If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor. Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have any circulation problems. Estrogen drugs should not be used except in unusually special situations in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with abnormal blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term estrogen use may have serious risks.

After childbirth or when breast-feeding a baby. Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

If you are breast-feeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus. If you use any drug which contains estrogen, it is important to visit your doctor regularly and report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause. The risk of cancer of the uterus increases when estrogens are used alone, the longer they are used, and when larger doses are taken. There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure.

The hormone combination you will be taking contains estrogen and progestin. This combination has been shown to provide the benefits of estrogen replacement therapy for the **USES OF ESTROGENS** listed above, while reducing the risk of a precancerous condition of the uterine lining (see **OTHER INFORMATION** below).

Additional risks may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include unfavorable effects on blood fats as compared to Premarin alone, unfavorable effects on blood sugars, and a possible increase in breast cancer risk (see *Cancer of the breast*, below). Usually, the smaller the dose and the shorter the duration of treatment, the more these effects are minimized. Check with your doctor to make sure you are using the lowest effective dose and only for as long as you need it. If you have had your uterus removed, there is no risk of developing cancer of the uterus and no benefit to be gained by using a combination estrogen/progestin product.

Cancer of the breast. Most studies have not shown a higher risk of breast cancer in women who have ever used estrogens. However, some studies have reported that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years), or who used high doses for shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some studies have reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone. Other studies have not. Regular breast examinations by a health professional and monthly self-examination are recommended for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the Pancreas. Women with high triglyceride levels may have an increased risk of developing inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, a heart attack, or a pulmonary embolus, any of which may cause death or serious long-term disability.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast cancer or bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this drug during the first four months of pregnancy. Several reports suggest an association between mothers who take these drugs during the first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the male baby is the possibility of being born with a condition in which the opening of the penis is on the underside rather than the tip of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about double with exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses. An enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester of pregnancy. These drugs have been used as a test for pregnancy, but such use is no longer considered safe because of the damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If you take PREMPRO or PREMPHASE and later find you were pregnant when you took it, be sure to discuss this with your doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen.
- Yellowing of the skin and/or whites of the eyes.
- Breast tenderness or enlargement.
- Enlargement of benign tumors ("fibroids") of the uterus.
- Irregular bleeding or spotting.
- Change in amount of cervical secretion.
- Vaginal yeast infections.
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease.
- A spotty darkening of the skin, particularly on the face; reddening of the skin; skin rashes.
- Worsening of porphyria.
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses).
- Mental depression.
- Involuntary muscle spasms.
- Hair loss or abnormal hairiness.
- Increase or decrease in weight.
- Changes in sex drive.
- Possible changes in blood sugar.

REDUCING THE RISKS OF ESTROGEN/PROGESTIN USE

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking PREMPRO or PREMPHASE, it is important to visit your doctor at least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need prompt evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual symptoms to your doctor immediately:

- Abnormal bleeding from the vagina.
- Pains in the calves or chest, a sudden shortness of breath, or coughing blood.
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness of arm or leg.
- Breast lumps.
- Yellowing of the skin and/or whites of the eyes.
- Pain, swelling, or tenderness in the abdomen.

OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of developing this condition.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood sugars which might make a diabetic condition worse. Additional risks include a possible further increase in breast cancer risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the characteristics of the estrogen-treated women and not by the estrogen treatment itself. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics are known to protect against heart disease.

You are cautioned to discuss, in detail, with your doctor or health care provider all the potential risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

This Summary provides the most important information about PREMPRO and PREMPHASE. If you want to know more, ask your doctor or pharmacist to let you read the professional labeling.

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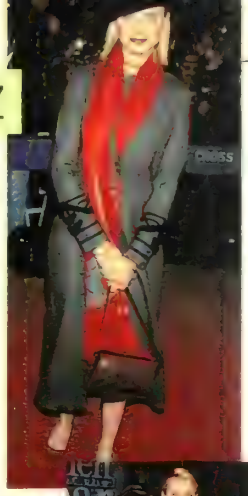
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fashionstatements

CAMERON DIAZ

Truly an individualist when it comes to clothes, Cameron pairs vintage finds with the latest trends for a style that's anything but expected. She fashions up a conservative coat and dress with jolts of red and tops off black slim pants with an off-the-shoulder dress. Whatever her look, a petite purse from her extensive collection is always in tow.









JENNIFER LOPEZ

Jennifer slinks about in sparkly, glamorous and fur-trimmed fashion as often as the rest of us relax in a pair of well-worn khakis. She's known for putting on the glitz in colorful body-hugging sheaths in varying lengths that shift the emphasis from great gams to sexy cleavage. Jennifer's hair dos: Stick-straight or tightly curled, blond or brunet, she's got a lock on shine, shine, shine.









SHARON STONE

Sharon has a basic instinct for what look suits her best, and it all boils down to mixing the nontraditional with the classic, haute couture with mall-store buys. Her one-of-a-kind combinations: her husband's white shirt with a patterned silk ballgown skirt; that famous black Gap turtleneck with a skirt for the 1996 Academy Awards; and anything animal paired with, well, anything animal. And, of course, her hair—cut ultrashort pixie-style—polishes off her individual feminine flair.

ELIZABETH HURLEY

Though we most often see her in those, shall we say, uplifting, slit-up-to-there, second-skin Versace gowns, every once in a while we catch Elizabeth in casual duds. And that usually means she's staying pretty in pink—like the clingy deep-V tee below paired with skinny white jeans.





FROM LEFT: JIM SMEAL/RUN GALELLA LTD.; KELLY JORDAN/RUN GALELLA LTD.; PETER KRAMER/RUN GALELLA LTD.; BRENDAN BEIRNE/SHOOT; HENRY DAWSON GALELLA LTD.

HOW TO READ YOUR LIFE LINE

EXAMINING YOUR LIFE LINE WON'T TELL YOU HOW *LONG* YOU'LL LIVE, BUT SOME SAY IT CAN GIVE YOU A GLIMPSE OF YOUR FUTURE. LOOKING AT YOUR DOMINANT (WRITING) HAND, HERE'S HOW TO DE-CODE YOUR PALM'S SECRETS

Having a fine line inside and parallel to the life line (a sister line) means you'll be physically active in old age.

Crosses marking the line can mean a period of ill health or an accident; dots (or islands) can signal depression; a chain of islands may be a sign of many health problems.

Find your life line: It's the strong curve that arches below the index finger around the thumb to the wrist. Don't worry about how long or short it is—the life line measures vitality and interest in life, not longevity.

How to figure when events will occur: Mark off ten equally spaced sections starting from the the top of your line to the base of your palm. Each section equals seven years. A break in the line usually signals a change in outlook. If the break is surrounded by lines that form a square, you will have enough stamina to handle it.

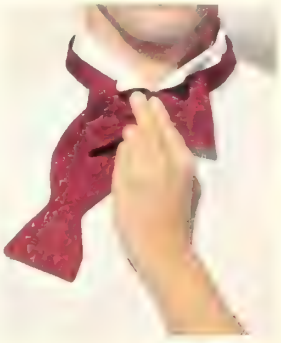
A wide curve means you have plenty of stamina and energy. Someone with a life line that hugs the thumb is more lethargic.

HOW TO TIE A BOW TIE

IT'S AS SIMPLE AS TYING A SHOELACE, SAYS BYRAN MAIS, NECKWEAR CONSULTANT AT PAUL STUART, A NEW YORK CITY MEN'S SHOP AND BOW-TIE EMPORIUM. DO IT LIKE SO:



1. Drape the tie so that the left end extends about one and a half inches below the right end. Cross the longer end over the shorter end and pass through the loop. Place a finger over the knot to hold it.



2. Form the front part of the bow by folding the shorter end in half; each end should reach just past the collar points. Hold it with the hand that's keeping the knot in place; with the other, fold the opposite side in half.



3. Now's the tricky part. Push the cloth you just folded through the hole you created in step two and tighten it to make a full knot. Check that the ends are of equal length—then take his arm and step out for a night on the town.



HOW TO BUILD A SNOWMAN

Start with snow you can pack together (not the dry stuff), says Ron Shelton, co-founder of the International Snow Sculpture Championships, in Breckenridge, CO. • Roll three giant snowballs, stack them on top of each other and glue them together with a snow-and-water slush. • Give Frosty a face: Use a flexible saw for making sharp curves and a chisel for etching out eyes. • A rake works great for adding waves to a snowgirl's flowing tresses.

YOU MADE 3 BANANA CREAM PIES FOR THE BAKE SALE.

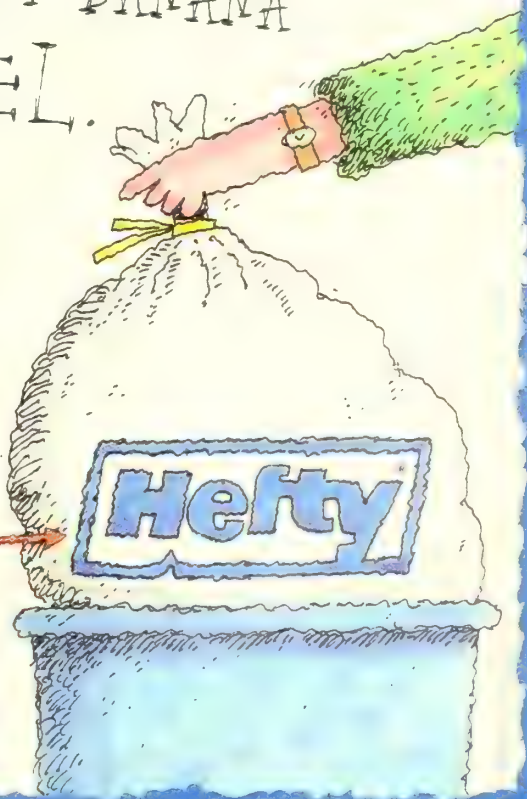


YOUR 'HELPER' FOUND THAT 1 LOST BANANA PEEL.



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TALL KITCHEN BAGS

"Hey Mom, WHAT'S SEX?"



In this column, Contributing Editor MELINDA MARSHALL chronicles family and domestic life, in her trademark witty way



Progressive, enlightened parent that I am, I thought I was prepared to answer that question. Boy, was I mistaken

By Melinda Marshall

The world is a different place, since last week. I don't know if you felt it, but there was a perceptible tremor, at about six P.M. E.T., when my kids—the eight-year-old, the seven-year-old and the three-year-old—learned where babies come from.

We were in the car, waiting for their father's train to pull in at the station. My eldest asked if a black-skinned mom could have a white-skinned baby. I said she could, if the father was white.

"Well," my son said thoughtfully—I could hear the cognitive gears turning—"how does the mom's egg know what the dad's skin color is?"

I could see the track we were heading down. For a nanosecond I considered evading his question—hitting the gas, derailing the locomotive, whatever it took to avoid Breaking the News. But I'd always, as a matter of principle, handled direct questions head-on. So I took a deep breath, clutched the steering wheel, and said to the rearview mirror, "Chase, do you know what sex is?"

THE DARK AGES

My generation didn't learn about sex from our parents. We learned, instead, that the dog was off to the vet "to get fixed," that Mom was off to the hospital to get the baby out of her belly, and that all that wadding material under the bathroom sink fell into the category of "I'll tell you when you're older."

Progressive parents weren't less evasive, just more scientific. My friend Judith's mom, who was a doctor, whipped out a plastic model of the female reproductive system when Judith was ten. "She was sitting on my bed, handing parts to me, saying, 'Here's your uterus! And here are your fallopian tubes, where sperm swim up!' " my friend recalls. "It was all so clinical, so devoid of any emotional content, I came out of that talk thinking sex was a medical procedure that had to be performed in a hospital!"

Most of us girls learned about menstruation from a filmstrip in the fifth grade, after all the boys had been ushered outside for a game of kickball. We later learned about Edith Egg (dressed as a bride) and Sammy Sperm (her groom) the same way, only this time the boys were allowed to stay. As for the actual marriage of Edith and Sammy, we learned about that in imaginative, rhyming detail from our friends—on the bus, at the playground, over lunch trays. So by the time our mom or dad gathered the nerve to sit us down for a Talk, there was nothing we didn't know or think we knew. Certainly, there was nothing we were going to *ask* them about.

The Talk, typically, was an intensely uncomfortable experience precisely because our parents waited until we were awash with reproductive hormones to enlighten us. A thirteen-year-old, unlike a seven-year-old, can't help but understand his parents have done this deed, and may in fact—oh horrible, stomach-churning thought!—still *(continued)*



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*Under Normal Usage Conditions

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fighter.



Growing evidence suggests that diets rich in antioxidants may help reduce the risk of some cancers and heart disease. A study from the USDA found that Welch's purple grape juice has more than three times the naturally-occurring antioxidants of other popular juices.

Welch's

We don't want our kids to think of sex as shameful or embarrassing. Well, shameful it's not. But embarrassing?

And in the end, she says, Kal wasn't even curious as how his mom came to be pregnant; what really fascinat him was that this sticky stuff with the seeds in it mig one day come out of his penis. (Guys are one-track fr the beginning, Peg and I have decided.)

"Don't plunge in with more than they need to know she counsels. "They won't absorb it, and you'll be swe ing bullets!"

Indeed, if we fault our parents for sharing too little, can fault ourselves for sharing too much. My friend A admits she went overboard, detailing how the ovum tr eled down the fallopian tube, and how intercourse int duced the father's sperm, and how it felt, all because six-year-old asked her, "What is sex?"

be doing it. We did not want our minds to go there, and neither did our parents.

GENERATIONS X AND Y

Hence, we who were never given a straight answer about sex brought children into the world determined not to beat about the bush with them. None of this birds 'n' bees nonsense. No euphemistic words for penis (each of my five brothers had what my mother referred to as a *tassel*). And no shirking direct questions, no matter how young the child who asked them. We didn't want our kids thinking that there was anything shameful or dirty about this utterly normal human interaction.

Well, shameful it is not. But embarrassing? Show me the parent who has managed to divulge the nitty-gritty to a seven-year-old without flaming at the temples.

My college chum Peg, whose job it is, as a pediatrician, to give kids and teenagers absolutely straight talk about sex, STDs and AIDS, found herself nearly struck dumb when her son, Kal, at the age of seven, asked her to please be specific about how the dad's seed joined up with the mom's egg (Peg was pregnant at the time with her third child).

"We were surprised at how awkward we felt," she confided to me. "Both Dave and I were looking at each other like, 'You go first!' "

defender.



People who follow a balanced diet includes five or more servings of fruits vegetables each day may lower their ris developing some cancers and heart dise Just one six-ounce glass of Welch's pu grape juice counts as one serving of fruit.

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Today, many cardiologists recommend a
y aspirin regimen to their patients for
anti-clotting benefits. In preliminary
dical research, drinking purple grape juice
h day also provided significant anti-
ting effects. Research is
oing to confirm these
ouraging findings.

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SINCE 1869

mom's vagina. That's how the cells get together to make a baby. But you have to be a grown-up."

A burst of nervous laughter. "You mean the dad pees in the mom's vagina!" Chase was incredulous.

In the mirror, I saw his sister's eyes narrow. "The dad's penis goes in up front?" Kathryn asked. "In your privates?"

"Yes," I said, sensing a freight train bearing down on me.

And sure enough, from my seven-year-old daughter: "Does Dad do that to you?"

"Look around you," I said, swallowing sand. "There's you, Chase and Ian." At the mention of his name, my three-year-old looked up from his light-up shoes, which had to this point held his complete attention.

"OH MY GOD!" wailed Chase.

Kathryn wasn't done yet. This is a girl who would perform an emergency tracheotomy with a Bic pen, if she had to. "Does he STILL do that?"

"Sure," I said, as evenly as a choking person can.

"*Euuww*," said Kathryn. And as if on cue, my husband opened the car door and got in the front seat.

"How is everybody?" he asked, swiveling around to see.

Dead silence.

"Great!" I chirped. "And how was your day?" ■

Need advice on the best ways to approach your child about sex? Do you suspect your teen is having sex? Join LHJ Online's Teens and Sex discussion group at www.lhj.com/solutions to share your stories and get advice.

"I looked at Charlotte and her eyes were glazing over," e says. "I could have demonstrated it better by drawing a piece of paper."

The best tactic, all my friends agree, is to transmit information in digestible bits from the beginning, sparing ur child a circuit overload and sparing yourself the agita at sets in when you save it all up for one big download. Kids naturally ask a series of questions over time," notes y friend Karen. "It's an information-gathering thing, d if you're conversational from the start, they'll never embarrassed."

HE MOMENT OF TRUTH

ill, I promise you: No matter how well you've meted it key facts, no matter how cool your kids are, your art is gonna beat like a rabbit's and the adrenaline is nna roar in your ears.

I, for one, was grateful to be staring out the windshield, onitoring my kids' reactions in the rearview mirror.

Chase knew that cells got together to make a baby—lls from the dad and cells from the mom. He knew all out where the baby grew, and how it got out. He knew e names of all the body parts. But sex?

"It's when you strip and roll around in bed together," blurted from the backseat.

"Sort of," I said. "The dad's cells are in something lled sperm, and sperm comes out of his penis into the

and tasty, too.



American Heart Association

Meets American Heart Association food criteria for saturated fat and cholesterol for healthy people over age 2.

By Mary C. Hickey



THE DADDY TRAP

A ONE-MINUTE INTERVIEW WITH TOM HIRSCHFELD, AUTHOR OF *BUSINESS DAD: HOW GOOD BUSINESSMEN CAN MAKE GREAT FATHERS (AND VICE VERSA)* (LITTLE, BROWN, 1999)

LHJ: We're hearing a lot more about how dads are struggling to balance work and family. What gives?

HIRSCHFELD: Men have higher expectations for themselves as fathers these days, partly because their working wives need them to be more involved at home, partly because they really want to spend more time with their kids. But perhaps more than women, men are having trouble reconciling work and family demands. Many men feel obliged to put in long hours, especially these days, as employers try to do more with less. Consequently, they are finding it hard to make their kids their priority, even though they say that's what they want.

LHJ: Can we show them a way out of this dilemma?

HIRSCHFELD: Yes, by helping them understand that the skills they gain from being involved at home benefit them in the workplace. You learn to be a good listener; you learn tolerance; you learn creativity. Furthermore, people are more fulfilled if they have a life outside the office. Ultimately, that makes them more successful in business. Women realize this; it's just a matter of time until men do, too.

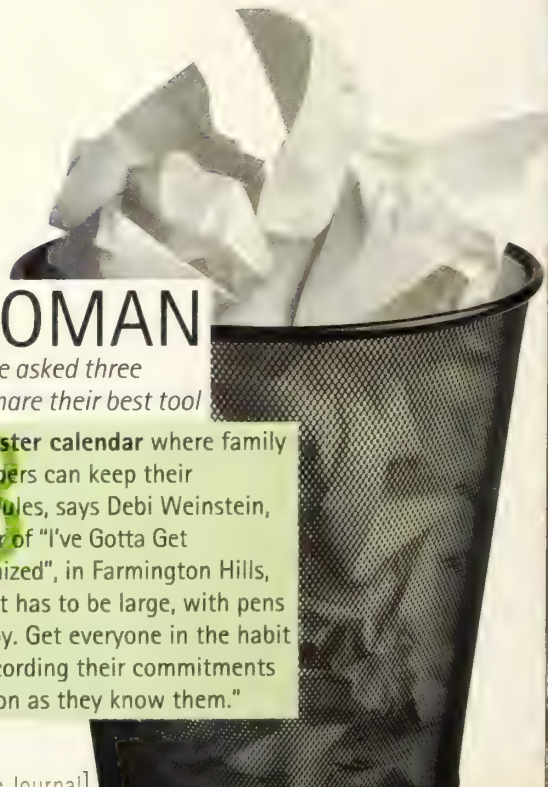
MY BALANCED LIFE

CAREER SWITCH

WHO SHE IS: Tonja Brown, 38, of Ewing, New Jersey. Married, mother of four children, ages 12, 10, 9 and 6. *WHAT SHE'S DONE:* Proved that being a stay-at-home mom doesn't have to derail your career. While home raising her kids, Tonja went back to school for her master's in social work. She just graduated with a 4.0 average from Rutgers University. *HOW SHE DID IT:* After the birth of her second child, Tonja quit her job as an insurance company manager to be a full-time mom. To earn money, she ran a day-care business out of her home. "Being around kids all the time made me see how much I'd like working with them," she explains. So three years ago she began taking night and weekend classes to become a children's social worker.



WHO HELPED: A supportive husband; her mother, who helped mind her kids. *WHAT'S AHEAD:* Tonja is currently pursuing her Ph.D. and is working in a local school system. "My job allows me to work when my children are in school, and be home in the afternoons," she says.



THE ORGANIZATION WOMAN

"If only I were more organized!" How often have you wished that? We asked three members of the National Association of Professional Organizers to share their best tool

A wastebasket, says Barbara Hemphill, author of *Taming the Paper Tiger at Home* (Kiplinger, 1998). "Too much stuff is a stumbling block. Keep a wastebasket nearby when you open mail or go through your child's backpack."

A stand-up file for the household papers you do need, suggests Erica Edelman, president of Get A Life, in Durham, NC. "Keep it in a spot where you sort your mail. Make categories: bills to pay, upcoming activities, needs action, etc."

A master calendar where family members can keep their schedules, says Debi Weinstein, owner of "I've Gotta Get Organized", in Farmington Hills, MI. "It has to be large, with pens nearby. Get everyone in the habit of recording their commitments as soon as they know them."


Tastes
Like
Somebody
Loves
You
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Non-Fat
Milk
Snack Pack
Vanilla



No matter how much she dieted, she kept gaining

"I Really Needed to LOSE Weight"

A few too many holiday treats, a couple of babies, not enough time to exercise—before you know it, your favorite jeans don't fit anymore. In some cases, an undiagnosed medical condition may even be causing the pounds to pile on. But as these three women learned, it really is possible to drop the extra weight—and not just by dieting **By Bonnie Miller Rubin**

THE MEDICINE THAT HELPED ME LOSE

The fall of 1994 should have been the happiest time of Mary Shomon's life. The thirty-three-year-old writer had published her first book and was planning her wedding. But there was one problem: No matter how little she ate and how much she exercised, Mary kept gaining weight.

"I was following Weight Watchers and working out daily, and it was getting me nowhere," she says. Mary was in tears when she discovered that she'd gained ten pounds in the six months between buying her wedding gown and walking down the aisle. "I chalked it up to prenuptial jitters," she says.

But seven months after the wedding, Mary was still putting on weight. She consulted her doctor, who suggested a blood test to determine whether her thyroid gland was working properly. "I didn't even know where it was," says Mary.

The thyroid, a butterfly-shaped gland just under the Adam's apple, produces hormones that regulate the body's metabolism. Approximately thirteen million Americans have some type of thyroid disorder.

Mary was diagnosed with hypothyroidism—an underactive thyroid—a condition that is five times more common in women than in men. Symptoms include fatigue, mood swings, an erratic body temperature (feeling too cold) and often, unexplained weight gain. Many hypothyroidism patients can have such a sluggish metabolism that no matter what they eat, too few calories are converted into energy, and too many become fat.

Mary was lucky. More than one third of all thyroid problems go undiagnosed, primarily because the symptoms of the condition overlap with so many other illnesses. "Women are frequently told they're lazy, or that they're *(continued)*

U can do it.



(continued) suffering from PMS," says Mary, who has written a book about her experience called *Living Well with Hypothyroidism: What Your Doctor Doesn't Tell You . . . But You Need To Know* (Avon WholeCare); it will be published in March.

To treat the disorder, Mary takes synthetic hormone pills each day. But the medication is not a prescription for instant weight loss. "It simply makes it possible to lose," says Mary.

In fact, it wasn't until 1997, when Mary gained thirty additional pounds after the birth of her daughter, that she began to seriously battle the bulge. She now follows a special eating plan, approved by her doctor, to make sure she gets enough protein and vegetables. Exercise was another key strategy—building muscle helps rev up the body's metabolism. Mary works out on the treadmill for forty-five minutes three times a week and lifts weights twice a week.

The combination of thyroid medication, diet and exercise is paying off. In two years, she has lost thirty pounds. At five-six, Mary now weighs 160 pounds. Her new goal: to lose twenty-five more.

"Having a thyroid problem is a drag," Mary admits. "But if you have patience, perseverance and a positive attitude, you can improve your health, lose weight—and feel good about yourself again."





A quick fix

I WENT UNDER THE KNIFE

As a former aerobics instructor, Kerry Dunn*, a forty-three-year-old at-home mom from suburban Chicago, always put fitness first. So she took it personally when, after the birth of her second child, her trim figure changed dramatically. At five-three, she suddenly topped out at 147 pounds.

"My stomach and thighs just ballooned," Kerry says. "It seemed like my body had been snatched and replaced with someone else's. I needed a quick fix."

So in June 1998, Kerry joined the approximately 172,000 Americans who underwent liposuction that year, vacuuming away stubborn pockets of fat. The total number of procedures has more than tripled since 1992, making it one of the most popular cosmetic surgeries in the U.S., according to the American Society of Plastic and Reconstructive Surgeons, in Arlington Heights, Illinois.

Even knowing that she's in good company, Kerry asked for anonymity because most of her friends and relatives think her new svelte shape is the result of old-fashioned sweat and self-discipline.

Until recently, Kerry never needed to resort to such subterfuge. She ate right and worked out regularly. But her second pregnancy changed everything. Diet and exercise were harder. Her son had developmental delays that required her time and attention, and her husband was working long, erratic hours at his job as an accountant, making it virtually impossible for Kerry to get to the gym.

After hearing a radio commercial for liposuction, Kerry decided to take care of her weight problem in one fell swoop. Her husband supported her decision, but "you don't do this for your husband; you do it for yourself," Kerry says.

It wasn't a choice she leapt at lightly. Liposuction is still major surgery, often involving general anesthesia and all the health risks of any operation. So Kerry immersed herself in research for three months. After interviewing prospective surgeons, she chose Kenneth L. Stein, M.D., a board-certified plastic and reconstructive surgeon, of the Physicians' Body Sculpting Center, in Rosemont, Illinois.

During a typical procedure, a surgeon makes small incisions in the skin and inserts a long, hollow tube—called a cannula—attached to a vacuum-like machine that sucks away the unwanted flab and tissue.

Liposuction patients can lose up to thirteen pounds, although the average *(continued on page 121)*

*Name has been changed

HOW DID YOU LOSE WEIGHT?
Do you have a foolproof diet or workout routine that's worked fast for you? Visit LHJ online at www.lhj.com/solutions to join our Good Health discussion group and share your thoughts and advice.



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YOU SAY YOUR RESOLUTION TRACK RECORD ISN'T SO STERLING? DON'T WORRY. THE IDEAS WE'VE GOT LINED UP—TO GIVE YOUR **SEX LIFE MORE SIZZLE** AND HELP YOU **GET OUT OF A RUT**—HAVE BUILT-IN PROTECTION AGAINST BACKSLIDING: THEY'RE **EASY AND FUN**. SO TAKE ADVANTAGE. YOU'LL NEVER HAVE A **MOMENT AS AUSPICIOUS** AS THIS ONE!



4 MOOD-MAKERS GUARANTEED TO SPARK HIS INTEREST

1. A dozen oysters.
2. A red lace bra.
3. A Polaroid you took of yourself—for his eyes only.
4. Grabbing him you-know-where.

4 OPPORTUNITIES FOR GREAT SEX YOU SHOULDN'T LET PASS

1. During a middle-of-the-night thunderstorm.
2. When you hold him close after a bad dream.
3. When you wake up before the sun—and before the kids.
4. When you're getting changed together before a big party, which doesn't start for another hour.

1 ITEM OF APPAREL THAT'S SURE TO DRIVE HIM WILD

1. A black G-string.



5 THINGS TO WEAR IF THEY DON'T MAKE G-STRINGS IN YOUR SIZE

1. A long, flowing gown with a push-up bodice: Think Sophia Loren.
2. His crisp white shirt, with you nude underneath.
3. Bright pink lipstick.
4. Perfume.
5. Nothing at all.

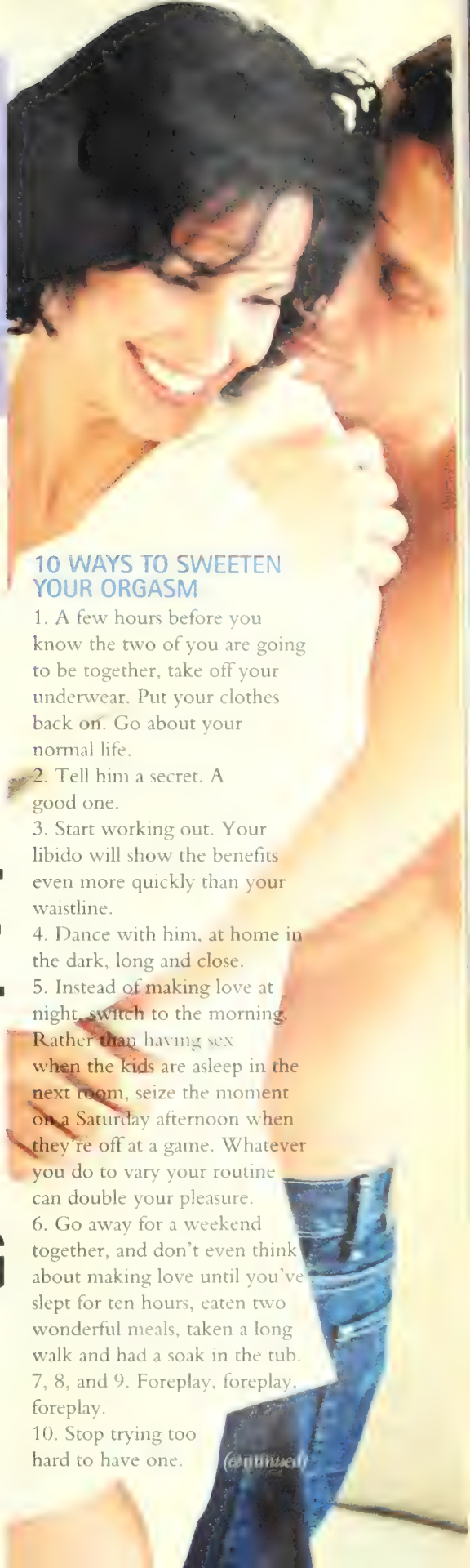
6 THINGS NEVER TO SAY TO A NAKED MAN

1. "I thought you said you were excited."
2. "Your mother called, and she sounded upset."
3. "Your boss called, but I'm sure it's nothing to worry about."
4. "I read about this procedure where they can transplant hair from your back onto your head."
5. "Was that mole there a week ago?"
6. "Before we get started, let's talk about what went wrong last time."

101 WAYS TO SEX UP YOUR MARRIAGE

EACH ONE GUARANTEED TO GET THAT POT BOILING—STARTING TONIGHT

By Pamela Redmond Satran



10 WAYS TO SWEETEN YOUR ORGASM

1. A few hours before you know the two of you are going to be together, take off your underwear. Put your clothes back on. Go about your normal life.
2. Tell him a secret. A good one.
3. Start working out. Your libido will show the benefits even more quickly than your waistline.
4. Dance with him, at home in the dark, long and close.
5. Instead of making love at night, switch to the morning. Rather than having sex when the kids are asleep in the next room, seize the moment on a Saturday afternoon when they're off at a game. Whatever you do to vary your routine can double your pleasure.
6. Go away for a weekend together, and don't even think about making love until you've slept for ten hours, eaten two wonderful meals, taken a long walk and had a soak in the tub.
7, 8, and 9. Foreplay, foreplay, foreplay.
10. Stop trying too hard to have one.

(continued)

DON'T TRY THIS FOR REAL: SEX IN THE BATHTUB, OR IN THE BACK OF A MOVING VEHICLE

8 ITEMS THAT WILL SEX UP YOUR BEDROOM . . .

1. Forget satin sheets: too slippery, too Las Vegas. For bedded bliss, try freshly laundered cotton sheets in warm rose or comforting maroon.
2. Candles. If you're not the scented-candle type, put elegant beeswax tapers in your best silver candelabra.
3. A photograph of the two of you looking happy and in love.
4. A vibrator.
5. Lots of comfy pillows that aren't too precious to actually use.
6. A lamp with a low-wattage bulb and a pink or soft ivory shade.
7. Flowers.
8. A noise machine or a CD player, if you worry about being overheard.

. . . AND 4 ITEMS THAT WON'T

1. The TV.
2. A pile of dirty laundry. Or even a pile of clean laundry begging to be put away.
3. The dog.
4. That toddler sleeping in your bed!

3 TECHNIQUES TO TRY TODAY

1. If you're tired: Put the sexy back into sleeping together. Ditch the flannel pajamas. Fall asleep with your arms around each other. Rediscover spooning.
2. If you're bored: Challenge yourselves to come up with a new sex position. You say you've tried them all? Even if you find you simply can't discover anything novel to do, you'll sure have fun trying.
3. If you've been fighting: Attempt to turn off your female way of dealing with the issue and get on *his* wavelength: "Maybe if we made love more we'd get along better." Declare a cease-fire for one night and have sex. It won't solve your problems, but it may spur you to deal with them more productively.

4 GREAT MEMORIES TO FANTASIZE TO

1. The first time the two of you did it.
2. The first time you wanted to do it.
3. The night you conceived your first child.
4. That New Year's Eve when you drank too much champagne, came home from the party to dance alone in the living room, and discovered the appeal of sex on the kitchen table.

7 THINGS TO TRY THAT YOU MAY NOT HAVE EVER WANTED TO TRY BEFORE

1. An X-rated video.
2. An X-rated Web site.
3. A family vacation at a place with a kids' program.
4. Lunch hour in a hotel room.
5. Dinner in bed. Main course: each other.
6. A joint massage, sauna or whirlpool.
7. A midnight swim in the nude. Just don't try having sex on the beach unless you have an extra-large towel.

5 LITTLE THINGS YOU CAN DO EVEN IF THE NEAREST SEX IS STILL HOURS AWAY

1. Rest your hand on his knee while he drives.
2. Run your (bare) foot up his pants leg under the table in a restaurant.
3. Whisper in his ear in a crowded room. Say something you wouldn't want anyone else to hear.
4. Rub his shoulders after a tense day.
5. Tickle him.

7 THINGS THAT ARE NOT AS SEXY AS THEY LOOK IN THE MOVIES

1. Sex in the bathtub.
2. Big fights that progress seamlessly to torrid lovemaking.
3. Making love as tanks roll by and bombs explode all around you.
4. Sex in the backseat of a moving vehicle.
5. Baby-doll pajamas.
6. Falling in love with your husband's business partner or father.
7. Feeling romantic when you have a new baby.

5 WAYS TO MAKE SEX LAST LONGER

1. Use condoms—and bypass the "ultra-sensitive" ones.
2. Make love twice, and agree that the first time doesn't count.
3. Try the stop-start technique to prolong lovemaking. The basic prescription: When the man feels that he's about to reach the point of no return, he stops all stimulation, and waits thirty seconds or so until excitement subsides before he begins again. With practice, he should be able to control his excitement level by stopping and starting several times.
4. Move on to the squeeze technique. The general idea is the same as in stop-start. When your partner feels he's approaching orgasm, he pulls back and one of you squeezes his penis at its base or just under the head. The pressure should be firm and constant until he feels less aroused and is ready to go on.
5. Redefine sex to mean the entire sexual arsenal, not just intercourse. In fact, it can be a good idea to make love by any method *but* intercourse, as a way to take pressure off your lovemaking and allow it to progress at a more leisurely, enjoyable pace.

3 LIES IT'S OKAY TO TELL IN THE BEDROOM . . .

1. That was the best for me, too.
2. I never think about anybody but you.
3. Are you kidding? It's huge!

. . . AND 3 IT'S NOT

1. Of course I'm using birth control.
2. It's okay if I don't come.
3. No, nothing's wrong. I guess I just don't like sex.



6 WAYS TO FEEL LIKE YOU DID WHEN YOU FIRST FELL IN LOVE

1. When you're heading home after a night out, park the car around the corner from your house and make out in the front seat until the windows steam up.
2. Do something physical together that neither of you has ever done before: snowboard, take up golf, hike to the top of a local hill at sunrise.
3. Shower together.
4. Dry each other off.
5. Go someplace together where you know he's going to be in top form, whether that's his company's awards dinner or his family's beach house.
6. Walk around your room naked, brush your teeth together naked, sit in bed side-by-side and read naked. Remember naked?

6 REASONS MARRIED SEX IS BETTER

1. It doesn't require elaborate lingerie.
2. It doesn't require condoms.
3. You can tell him what you want and love in bed, and chances are he already knows how to do it.
4. Wondering whether he'll call again and worrying what he'll think when he sees your thighs in broad daylight cease to be enormous worries.
5. After you make love, you can talk about what's really on your mind—tomorrow's big meeting and what color to paint the dining room—and he won't be insulted.
6. When you sleep together, you can actually sleep.

7 INSPIRATIONALLY SEXY COUPLES

1. Tom Hanks and Rita Wilson: Because the biggest actor in Hollywood is married to a woman who isn't the most beautiful, glamorous or famous—but his devotion to her makes her seem as though she is.
2. Harrison Ford and Melissa Mathison: Because the ultimate macho sex symbol married a woman whose brains are significantly bigger than her bosom.
3. Maria Shriver and Arnold Schwarzenegger: Because they are evidence that opposites can not only attract, but thrive.
4. Susan Sarandon and Tim Robbins: Because they turn the older-younger convention on its ear.
5. Steven Spielberg and Kate Capshaw: Because they're raising seven kids, and they still hold hands.
6. Barbra Streisand and James Brolin: Because it's never too late to try again.
7. Ossie Davis and Ruby Dee: Because after fifty-one years, they still look like they're having fun.

3 THINGS THAT CAN BE BETTER THAN SEX

1. Häagen-Dazs Dulce de Leche ice cream, with hot-fudge sauce.
2. A day at a spa.
3. Love.

Pamela Redmond Satran is a contributing editor to Ladies' Home Journal.



RUT BUSTI

ALL YOU NEED IS ONE SIMPLE TRICK TO CHANGE YOUR LIFE

By Bill O'Hanlon

When we hit problems, most of us respond with the same actions over and over again, and then wonder why we get the same results. It's a bit like the stereotypical American tourist overseas trying to get directions from someone who doesn't speak English. When his question isn't understood, he repeats it louder and slower: "CAN . . . YOU . . . TELL . . . ME . . . HOW . . . TO . . . GET . . . TO . . . THE . . . EIFFEL . . . TOWER!"

Sometimes persistence—and the louder, slower approach—yields results (as any weary parent who has given in to the relentless pestering of a child can tell you), but more often it keeps us from getting what we want.

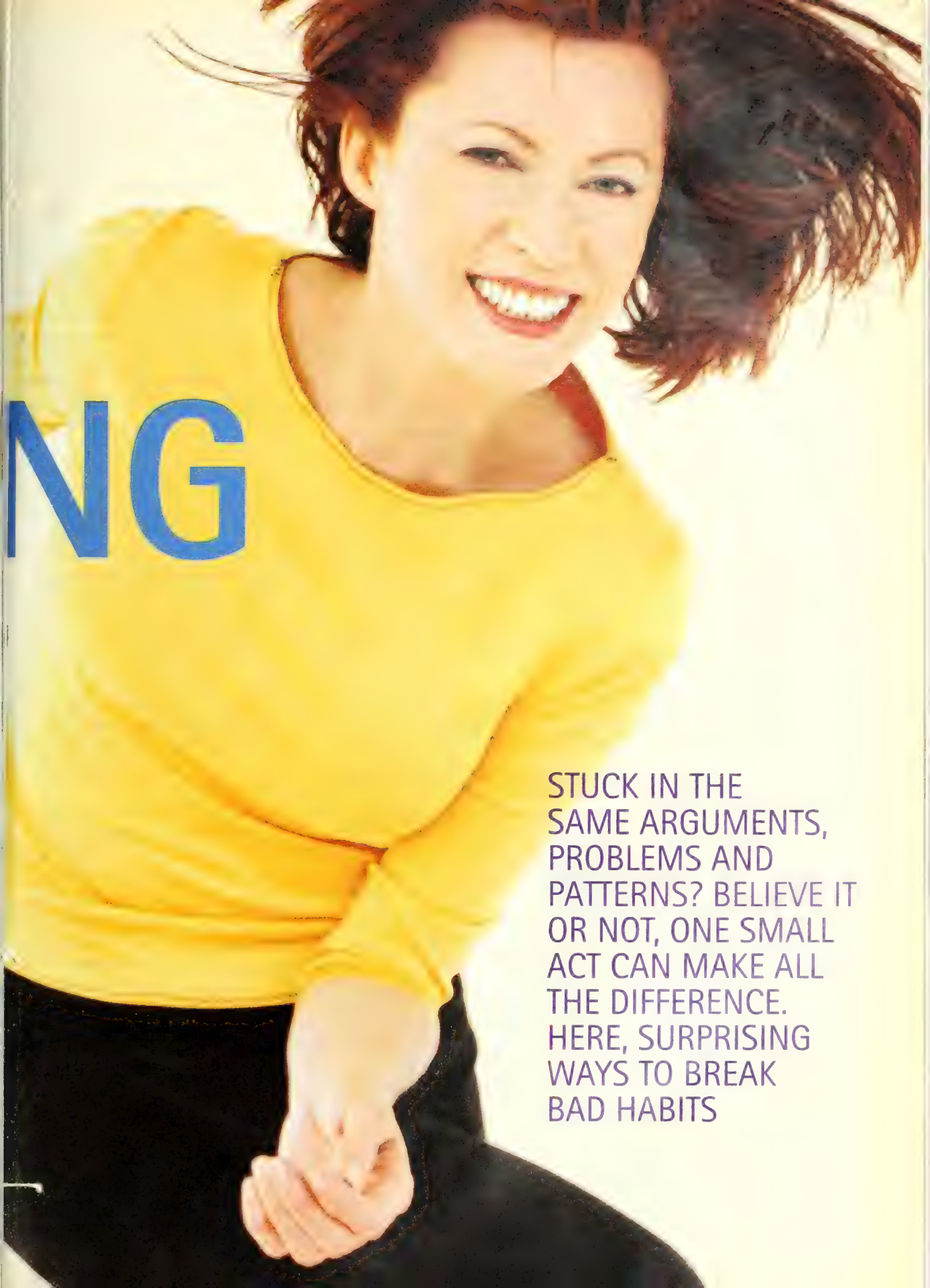
An excellent way to solve a problem, then, is not to follow the classic advice—figure out why it arose—but to change what you are doing to solve it. To do that, determine what your usual response is (the problem pattern) and experiment with doing something different (breaking the pattern).

Get ready to learn a radically different way to approach life. At first, it may seem unbelievably simple. My problems are more complicated and deep-rooted than that, you might think. But give it a chance. When you do, you will discover the power of the solution-oriented approach.

DO ONE THING DIFFERENTLY

A couple were seeing a marriage counselor because they couldn't stop fighting. The counselor, who had attended one of my workshops, suggested that the next time an argument began spinning out of control, they should take a break and meet in the bathroom. The husband was to take off all his clothes and lie down in the bathtub; the wife, still clothed, was to sit on the *(continued)*

FROM THE BOOK "DO ONE THING DIFFERENT," BY BILL O'HANLON. COPYRIGHT © 1999 BY BILL O'HANLON. REPRINTED BY PERMISSION OF WILLIAM MORROW & CO., INC.


NG
STUCK IN THE SAME ARGUMENTS, PROBLEMS AND PATTERNS? BELIEVE IT OR NOT, ONE SMALL ACT CAN MAKE ALL THE DIFFERENCE. HERE, SURPRISING WAYS TO BREAK BAD HABITS

toilet next to him. Then they could continue the fight.

As you might imagine, it was difficult to quarrel that way. The husband felt absurd and exposed; the wife was so amused that she couldn't work up her usual head of steam. After a few such experiences, as soon as things started to get heated, one spouse would simply glance toward the bathroom and the other one would laugh and say, "Okay, let's just see if we can talk things out."

Whenever you are stuck with a problem, try something new. Do something—just one thing—differently. Break the pattern. Insanity is doing the same thing over and over and expecting different results!

My friend Chris used pattern-breaking with great success. She was waking up grouchy every morning, barking at her husband and two young children. One day, after Chris had blown up at one of the kids for dawdling, her husband said, "What's wrong with you? Did you get up on the wrong side of the bed?" She found herself taking the question seriously.

The next morning, Chris climbed out of bed on her husband's side (he was already in the shower). To her delight, she realized that she w irritable.

Again, this may seem unbeliev easy—even silly—but the only w find out if it works is to try it you

In order to break a pattern, y have to study your problem. Her six questions to help you disco problem pattern:

- How often does the problem ty ly happen (hourly, daily, weekly)?
- What is the usual timing of the p lem? (Only on weekends? Right you arrive home from work?)
- How long does the problem last
- Where does it typically happe the living room, at work, in your
- What do you do when the pr is happening? (Do you pound table? Leave the room?)
- What do others usually do or sa

Once you identify the pattern yourself: What are you able, and w you be willing, to change? This include altering when and wher problem usually happens; what yo just before or just afterward; or other people do (if they'll agr make some changes).

If you tend to snack on too cookies, try eating the cookies different room, or dressing u your nicest outfit before eating t If these ideas make you laugh, y probably on the right track. fun with it.

Try linking new actions to the tern. A wife complained that her band never seemed to follow thr with his promises to make love her more often. Finally, during a gument, he accused her of al leaving the dirty dishes for hi wash. She agreed to do the dishe he would promise to initiate sex became more diligent about dishw ing, and he soon became more a in their sex life.

Of course, don't do anything gerous, illegal or unethical; other let your imagination run wild! I out of your rut.

DON'T FIGHT IT

Viktor Frankl, an Austrian psychi applied a technique called "parad intention" to his patients. He instr



LHJ BOOK BAG

Do One Thing Different by Bill O'Hanlon is a humorous and helpful guide to handling life's everyday troubles. This 209-page hardcover is available by arrangement with William Morrow & Company, and sells for $28, which includes shipping, handling and applicable sales tax.

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e who suffered anxiety attacks to liberately try feeling anxiety and pan- Of course, many of them couldn't. would instruct people battling in- nia to stay awake. Off to sleep they ld go.

rankl's idea was twofold: Either ple were interfering with the natu- process of gs by trying control some- ing that was omatic, or y were trying halt some- ng that was urring natu- y. So the so- on was either stop trying to ve the prob- n, or to try to ke the prob- n worse. This rks best for notional or dily problems, e insomnia, kiety, phobias panic.

So the next ne you have problem, go th it—try to ake it happen, to make it ore intense. r relax and op trying to ake things bet- r. Allow it to ppen. The re- lt is usually a g change that n unstick you om the situa- on.

MAKE THE ONNECTION

nother way to break a pattern is to nk something else to the occurrence the problem. It could be something u think you ought to do but aren't, r an action that will make you more notivated not to fall into the pattern.

A woman who was recovering from anorexia wanted to maintain her weight. As a substitute for eating, she had gotten into the habit of drinking water frequently. But drinking so much water throughout the day made her feel full. With the help of a solution-oriented therapist, she began carrying crackers and cheese with her and eating them whenever she had a glass of water. She gradually worked herself back into eating regular meals.

You can also connect the problem to something unappealing. For instance, a couple came to me on the brink of divorce over the husband's workaholism. He worked until ten or eleven P.M. six days a week. As he and his wife fought more frequently over his hours, he found more and more reasons to stay at work late.

Recently, the wife had begun going out to bars with her single girlfriends. This upset the husband, who thought it was a setup for an affair. She was also calling her friends and relatives, running up quite a long-distance bill. She reasoned that as long as he wasn't home, he had no right to complain about what she did at night.

I got them to try an experiment. The couple agreed on an acceptable time for the husband to arrive home. If he was late, the wife could then spend an equivalent amount of time going to bars, calling long distance or taking him to visit relatives on Sunday. Soon the husband was coming home on time every evening.

You get the idea: When you are in a dilemma, don't fall into the trap of repeating old patterns. Stay open to new possibilities. Do something differently! ■

Bill O'Hanlon, a licensed marriage and family therapist from Santa Fe, New Mexico, is the author or co-author of seventeen books, including "Stop Blaming, Start Loving" (W.W. Norton & Co., 1996).



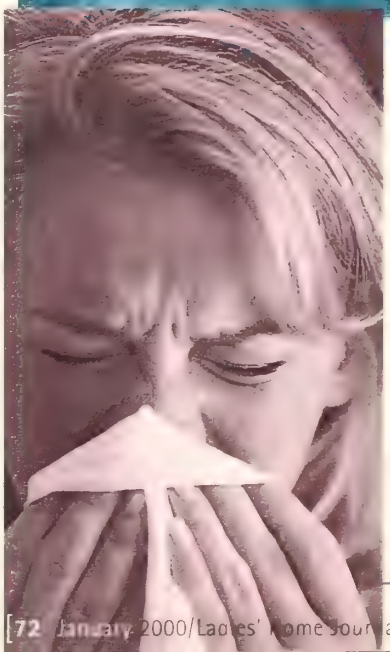
When a Cold WON'T GO AWAY

Coughing? Congested? Headachy? You might be suffering from the most common chronic condition in the country—sinusitis

By Donna Christiano







For six months, Denise Tortora had a constant headache. She was congested, had postnasal drip and felt off balance. At night, she was so stuffy she couldn't sleep. "I was walking around in a fog," says the thirty-nine-year-old conference organizer and mother of two from West Orange, New Jersey.

Denise didn't have a series of bad colds. It wasn't just allergies. But it took several visits to doctors before she was told she had sinusitis, or inflammation of the sinuses. More than thirty million Americans receive the same diagnosis.

Sinusitis is more than just a stuffy nose: A 1995 study found that chronic sinusitis sufferers had significantly more pain than people with chronic conditions such as congestive heart failure or sciatica. They also had to curtail their social activities more, says researcher Ralph Metson, M.D., an associate clinical professor at Harvard Medical School, in Boston.

Left untreated, sinusitis can be dangerous. Although this is rare, a sinus infection can spread to the eyes and brain, threatening vision or causing meningitis. Severe infections can also create scar tissue and adhesions in the nasal passages, making the sufferer more prone to subsequent attacks.

ALL STUFFED UP

Although the terms are often used interchangeably, *sinusitis* is a catchall diagnosis for any inflammation of the sinuses, while *sinus infection* refers specifically to inflammation caused by a germ. Sometimes, sinusitis leads to a sinus infection. "The sinus cavities, which drain into the nose through tiny pinpoint openings called ostia, are lined with mucous membranes," explains Metson. "When those membranes become swollen because of a cold or allergy, for example, they block the ostia and inhibit drainage. Then bacteria can build up and infection can result."

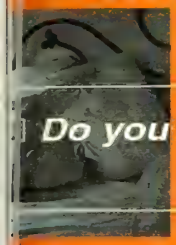
Doctors divide sinusitis *(continued)*

4 SIMPLE STEPS

TO PREVENT SINUS INFLAMMATION:

- USE A BEDSIDE HUMIDIFIER.
- DRINK THREE EXTRA EIGHT-OUNCE GLASSES OF FLUID A DAY.
- HOLD YOUR HEAD OVER A BOWL OF STEAMY WATER FOR TEN MINUTES WHEN CONGESTED.
- USE A SALINE NASAL SPRAY TWO TO FOUR TIMES A DAY IF YOU'RE PRONE TO SINUSITIS ATTACKS. BESIDES ADDING MOISTURE, "THE SPRAY WILL GET OUT MUCUS, SO THERE'S MORE ROOM FOR DRAINAGE," SAYS JOHN A. ANDERSON, M.D., AN ALLERGIST AND CLINICAL RESEARCHER IN TUCSON.

your asthma really under control?



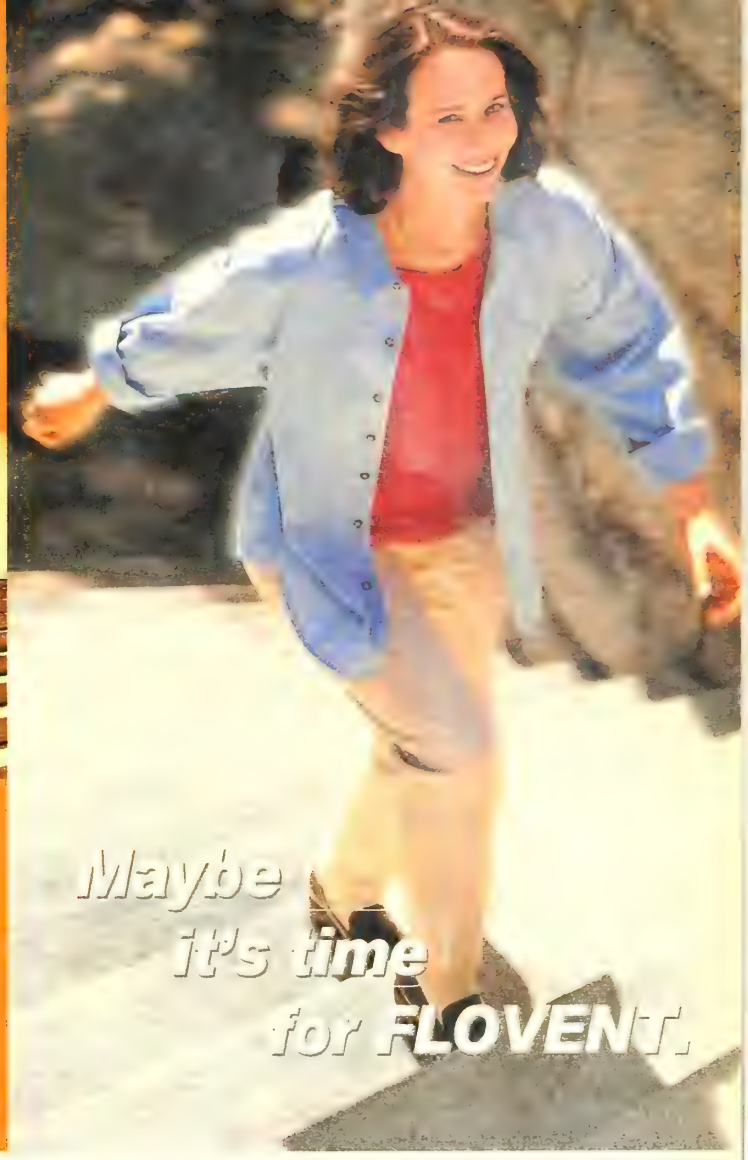
1 Do you wake up short of breath?



2 Does climbing stairs make you wheeze?



3 use a t-acting inhaler more than twice a week?



Maybe it's time for FLOVENT.

you answered "yes" to even one of these questions, you may not be ing the asthma control you could. Ask your doctor about how VENT can help control your asthma better.

sed twice a day, every day, FLOVENT helps reduce the inflammation our airways – the very inflammation that causes shortness of breath, wheezing, and asthma attacks. Because FLOVENT helps control the inflammation that causes asthma symptoms in the first place, it actually helps improve lung function over time.



Side effects with FLOVENT are general- ild. The most common side effects in medical studies of patients g FLOVENT up to 440 mcg twice daily were: headache (17% - 22%), er respiratory infection (15% - 22%), nasal congestion (8% - 16%), sore throat (10% - 14%), and influenza (3% - 8%).

Important Information About FLOVENT

FLOVENT won't replace fast-acting inhalers for sudden attacks. It's important to be careful if your doctor switches you to FLOVENT, an inhaled steroid, from an oral steroid like prednisone. While adjusting to the decreasing doses of prednisone, your body is not as able to heal after surgery, infection, or serious injury. Indicated for patients aged 12 years and older. See your doctor if your asthma does not improve.

ASK YOUR DOCTOR whether FLOVENT is right for you.

FloVent 44 mcg 110 mcg
(fluticasone propionate) Inhalation Aerosol

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Please see important information on the following page.

GlaxoWellcome

BRIEF SUMMARY

FLOVENT™ 44 mcg
fluticasone propionate 44 mcg)
Inhalation Aerosol

FLOVENT™ 110 mcg
fluticasone propionate, 110 mcg)
Inhalation Aerosol

FLOVENT® 220 mcg
fluticasone propionate 220 mcg)
Inhalation Aerosol

For Oral Inhalation Only

Read the complete product information

CONTRAINDICATIONS: FLOVENT Inhalation Aerosol is contraindicated in the primary treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required

Hypersensitivity to any of the ingredients of these preparations contraindicates their use

WARNINGS

Particular care is needed for patients who are transferred from systemically active corticosteroids to FLOVENT Inhalation Aerosol because deaths due to adrenal insufficiency have occurred in patients with asthma during and after transfer from systemic corticosteroids to less systemically available inhaled corticosteroids. After withdrawal from systemic corticosteroids, a number of months are required for recovery of hypothalamic-pituitary-adrenal function.

Patients who have been previously maintained on 20 mg or more per day of prednisone (or its equivalent) may be most susceptible, particularly when their systemic corticosteroids have been almost completely withdrawn. During this period of HPA suppression, patients may exhibit signs and symptoms of adrenal insufficiency when exposed to trauma, surgery, or infection (particularly gastroenteritis) or other conditions associated with severe electrolyte loss. Although fluticasone propionate inhalation aerosol may provide control of asthma symptoms during these episodes, in recommended doses it supplies less than normal physiological amounts of glucocorticoid systemically and does NOT provide the mineralocorticoid activity that is necessary for coping with these emergencies.

During periods of stress or a severe asthma attack, patients who have been withdrawn from systemic corticosteroids should be instructed to resume oral corticosteroids (in large doses) immediately and to contact their physicians for further instruction. These patients should also be instructed to carry a warning card indicating that they may need supplementary systemic corticosteroids during periods of stress or a severe asthma attack.

Patients requiring oral corticosteroids should be weaned slowly from systemic corticosteroid use after transferring to fluticasone propionate inhalation aerosol. In a trial of 96 patients, prednisone reduction was successfully accomplished by reducing the daily prednisone dose by 2.5 mg on a weekly basis during transfer to inhaled fluticasone propionate. Successive reduction of prednisone dose was allowed only when lung function, symptoms, and as-needed beta-agonist use were better than or comparable to that seen before initiation of prednisone dose reduction. Lung function (forced expiratory volume in 1 second [FEV_1] or morning peak expiratory flow rate [AM PEFR]), beta-agonist use, and asthma symptoms should be carefully monitored during withdrawal of oral corticosteroids. In addition to monitoring asthma signs and symptoms, patients should be observed for signs and symptoms of adrenal insufficiency such as fatigue, lassitude, weakness, nausea and vomiting, and hypotension.

Transfer of patients from systemic corticosteroid therapy to fluticasone propionate inhalation aerosol may unmask conditions previously suppressed by the systemic corticosteroid therapy, e.g., rhinitis, conjunctivitis, eczema, and arthritis.

Persons who are on drugs that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

Fluticasone propionate inhalation aerosol is not to be regarded as a bronchodilator and is not indicated for rapid relief of bronchospasm.

As with other inhaled asthma medications, bronchospasm may occur with an immediate increase in wheezing after dosing. If bronchospasm occurs following dosing with FLOVENT inhalation Aerosol, it should be treated immediately with a fast-acting inhaled bronchodilator. Treatment with FLOVENT Inhalation Aerosol should be discontinued and alternative therapy instituted.

Patients should be instructed to contact their physicians immediately when episodes of asthma that are not responsive to bronchodilators occur during the course of treatment with fluticasone propionate inhalation aerosol. During such episodes, patients may require therapy with oral corticosteroids.

PRECAUTIONS:

General: During withdrawal from oral corticosteroids, some patients may experience symptoms of systemically active corticosteroid withdrawal, e.g., joint and/or muscular pain, lassitude, and depression, despite maintenance or even improvement of respiratory function.

Fluticasone propionate will often permit control of asthma symptoms with less suppression of HPA function than therapeutically equivalent oral doses of prednisone. Since fluticasone propionate is absorbed into the circulation and can be systemically active at higher doses, the beneficial effects of fluticasone propionate inhalation aerosol in minimizing HPA dysfunction may be expected only when recommended dosages are not exceeded and individual patients are titrated to the lowest effective dose. A relationship between plasma levels of fluticasone propionate and inhibitory effects on stimulated cortisol production has been shown after 4 weeks of treatment with fluticasone propionate inhalation aerosol. Since individual sensitivity to effects on cortisol production exists, physicians should consider this information when prescribing fluticasone propionate inhalation aerosol.

Because of the possibility of systemic absorption of inhaled corticosteroids, patients treated with these drugs should be observed carefully for any evidence of systemic corticosteroid effects. Particular care should be taken in observing patients postoperatively or during periods of stress for evidence of inadequate adrenal response.

It is possible that systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear in a small number of patients, particularly at higher doses. If such changes occur, fluticasone propionate inhalation aerosol should be reduced slowly, consistent with accepted procedures for reducing systemic corticosteroids and for management of asthma symptoms.

A reduction of growth velocity in children or teenagers may occur as a result of inadequate control of chronic diseases such as asthma or from use of corticosteroids for treatment. Physicians should closely follow the growth of adolescents taking corticosteroids by any route and weigh the benefits of corticosteroid therapy and asthma control against the possibility of growth suppression if an adolescent's growth appears slowed.

The long-term effects of fluticasone propionate in human subjects are not fully known. In particular, the effects resulting from chronic use of fluticasone propionate on developmental or immunologic processes in the mouth, pharynx, trachea, and lung are unknown. Some patients have received fluticasone propionate inhalation aerosol on a continuous basis for periods of 3 years or longer. In clinical studies with patients treated for nearly 2 years with inhaled fluticasone propionate, no apparent differences in the type or severity of adverse reactions were observed after long- versus short-term treatment.

Rare instances of glaucoma, increased intraocular pressure, and cataracts have been reported following the inhaled administration of corticosteroids, including fluticasone propionate.

In clinical studies with inhaled fluticasone propionate, the development of localized infections of the pharynx with *Candida albicans* has occurred. When such an infection develops, it should be treated with appropriate local or systemic (i.e., oral antifungal) therapy while remaining on treatment with fluticasone propionate inhalation aerosol, but at times therapy with fluticasone propionate may need to be interrupted.

Inhaled corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract; untreated systemic fungal, bacterial, viral or parasitic infections; or ocular herpes simplex.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see ADVERSE REACTIONS).

Information for Patients: Patients being treated with FLOVENT Inhalation Aerosol should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a discourse of all possible adverse or intended effects.

Patients should use FLOVENT Inhalation Aerosol at regular intervals as directed. Results of clinical trials indicated significant improvement may occur within the first day or two of treatment; however, the full benefit may not be achieved until treatment has been administered for 1 to 2 weeks or longer. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens.

Patients should be warned to avoid exposure to chickenpox or measles and, if they are exposed, to consult their physicians without delay.

For the proper use of FLOVENT Inhalation Aerosol and to attain maximum improvement, the patient should read and follow carefully the accompanying Patient's Instructions for Use.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in studies of oral doses up to 1000 mcg/kg (approximately 2 times the maximum human daily inhalation dose based on mcg/m^2) for 78 weeks in the mouse or inhalation of up to 57 mcg/kg (approximately 1/4 the maximum human daily inhalation dose based on mcg/m^2) for 104 weeks in the rat.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells in vitro. No significant clastogenic effect was seen in cultured human peripheral lymphocytes in vitro or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in rats dosed subcutaneously with doses up to 50 mcg/kg (approximately 1/4 the maximum human daily inhalation dose based on mcg/m^2) in males and females. However, prostate weight was significantly reduced in rats.

Pregnancy: ***Teratogenic Effects:*** Pregnancy Category C. Subcutaneous studies in the mouse and rat at 45 and 100 mcg/kg, respectively (approximately 1/10 and 1/2 the maximum human daily inhalation dose based on mcg/m^2, respectively), revealed fetal toxicity characteristic of potent glucocorticoid compounds, including growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed following subcutaneous doses of 4 mcg/kg (approximately 1/25 the maximum human daily inhalation dose based on mcg/m^2), however, following oral administration of up to 500 mcg/kg (approximately 3 times the maximum human daily inhalation dose based on mcg/m^2) of fluticasone propionate to the rabbit, there were no maternal effects nor increased incidence of external visceral or skeletal fetal defects. Fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of full prescribing information).

Less than 1% of the administered dose crossed the placenta following oral administration of 100 mcg/kg to rats or 500 mcg/kg to rabbits (approximately 1/2 and 3 times the maximum human daily inhalation dose based on mcg/m^2, respectively).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral glucocorticoids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from glucocorticoids than humans. In addition, because there is a natural increase in glucocorticoid production during pregnancy, most women will require a lower exogenous glucocorticoid dose and many will not need glucocorticoid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of 10 mcg/kg of drug to lactating rats (approximately 1/20 the maximum human daily inhalation dose based on mcg/m^2) resulted in measurable radioactivity in the blood and milk. Because glucocorticoids are excreted in human milk, caution should be exercised when fluticasone propionate inhalation aerosol is administered to a nursing woman.

Pediatric Use: One hundred thirty-seven (137) patients between the ages of 12 and 16 years were treated with fluticasone propionate inhalation aerosol in the US pivotal clinical trials. The safety and effectiveness of FLOVENT Inhalation Aerosol in children below 12 years of age have not been established. Systemic corticosteroids have been shown to cause a reduction in growth velocity in children and teenagers with extended use. If a child or teenager on a regimen of any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: Five hundred seventy-four (574) patients 65 years of age or older have been treated with fluticasone propionate inhalation aerosol in clinical and non-US clinical trials. There were no differences in adverse reactions compared to those reported by younger patients.

ADVERSE REACTIONS: The following incidence of common adverse experiences is based upon 7 placebo-controlled US clinical trials in which 1243 patients (509 female and 734 male adolescents and adults previously treated with as-needed bronchodilators and/or inhaled corticosteroids) were treated with fluticasone propionate inhalation aerosol (doses of 88 to 440 mcg twice daily for up to 12 weeks) or placebo.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in US Controlled Clinical Trials in Patients Previously Receiving Bronchodilators and/or Inhaled Corticosteroids

Adverse Event	Placebo (n = 475) %	FLOVENT 88 mcg twice daily (n = 488) %	FLOVENT 220 mcg twice daily (n = 95) %	FLOVENT 440 mcg twice daily (n = [illegible]) %
Ear, nose, and throat				
Pharyngitis	7	10	14	14
Nasal congestion	8	8	16	10
Sinusitis	4	3	6	5
Nasal discharge	3	5	4	4
Dysphonia	1	4	3	3
Allergic rhinitis	4	5	3	3
Oral candidiasis	1	2	3	5
Respiratory				
Upper respiratory infection	12	15	22	16
Influenza	2	3	8	5
Neurological				
Headache	14	17	22	17
Average duration of exposure (days)	44	66	64	59

The table above includes all events (whether considered drug-related or nondrug-related by the investigator) that occurred at a rate of over 3% in the combined fluticasone propionate inhalation aerosol groups and were more common than in the placebo group. In considering these data, differences in average duration of exposure should be taken into account.

These adverse reactions were mostly mild to moderate in severity, with ≤2% of patients discontinuing the studies because of adverse events. Rare cases of immediate and delayed hypersensitivity reactions, including urticaria and rash and other rare events of angioedema and bronchospasm, were reported.

Systemic glucocorticoid side effects were not reported during controlled clinical trials with fluticasone propionate inhalation aerosol. If recommended doses are exceeded, however, or if individuals are particularly sensitive symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

Other adverse events that occurred in these clinical trials using fluticasone propionate inhalation aerosol with an incidence of 1% to 3% and that occurred at a greater incidence than with placebo were:

Ear, Nose, and Throat: Pain in nasal sinus(es), rhinitis

Eye: Irritation of the eye(s)

Gastrointestinal: Nausea and vomiting, diarrhea, dyspepsia, and stomach disorder

Miscellaneous: Fever

Mouth and Teeth: Dental problem

Musculoskeletal: Pain in joint, sprain/strain, aches and pains, pain in limb

Neurological: Dizziness/giddiness

Respiratory: Bronchitis, chest congestion

Skin: Dermatitis, rash/skin eruption

Urogenital: Dysmenorrhea

In a 16-week study in patients with asthma requiring oral corticosteroids, the effects of fluticasone propionate inhalation aerosol, 660 mcg twice daily (n = 32) and 880 mcg twice daily (n = 32), were compared with placebo. Adverse events (whether considered drug-related or nondrug-related by the investigator) reported by more than 3 patients in either fluticasone propionate group and which were more common with fluticasone propionate than with placebo are shown below.

Ear, Nose, and Throat: Pharyngitis (9% and 25%), nasal congestion (19% and 22%), sinusitis (19% and 22%), nasal discharge (16% and 16%), dysphonia (19% and 9%), pain in nasal sinus(es) (13% and 0%), Candida-like oral lesions (16% and 9%), oropharyngeal candidiasis (25% and 19%).

Respiratory: Upper respiratory infection (31% and 19%), influenza (0% and 13%).

Other: Headache (28% and 34%), pain in joint (19% and 13%), nausea and vomiting (22% and 16%), muscular soreness (22% and 13%), malaise/fatigue (22% and 28%), insomnia (3% and 13%).

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during post-approval use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, or a combination of these factors.

Ear, Nose, and Throat: Throat soreness and irritation, hoarseness, laryngitis, aphonia.

Endocrine and Metabolic: Cushingoid features, growth velocity reduction in children/adolescents, weight gain, hyperglycemia.

Psychiatry: Restlessness, agitation, aggression, depression.

Respiratory: Immediate bronchospasm, asthma exacerbation, dyspnea, wheeze, chest tightness, bronchospasm, cough.

Skin: Pruritus, contusions, ecchymoses.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see PRECAUTIONS, Eosinophilic Conditions).

OVERDOSAGE: Chronic overdosage may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Inhalation by healthy volunteers of a single dose of 1760 or 3520 mcg of fluticasone propionate inhalation aerosol was well tolerated. Fluticasone propionate given by inhalation aerosol at doses of 1320 mcg twice daily for 7 to 15 days to healthy human volunteers was also well tolerated. Repeat oral doses up to 80 mg daily for 10 days in healthy volunteers and repeat oral doses up to 20 mg daily for 42 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. The oral and subcutaneous median lethal doses in rats and mice were >1000 mg/kg (>2000 times the maximum human daily inhalation dose based on mg/m^2).

GlaxoWellcome
Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

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THE COLD WARS

Even doctors can have a hard time distinguishing between a cold, allergies and sinusitis—that's because sinusitis often comes on the heels of a cold or allergy attack. What's more, all three maladies can share symptoms such as congestion, coughing and headache or facial pressure.

The number-one thing doctors look for in diagnosing sinusitis is duration. Allergy symptoms tend to fade when you eliminate the allergy trigger—be it pollen or the cat. Head indoors or go away on vacation and the problem clears up. As for a cold: "Your body should be able to fight it off in about five days," says Nancy Ott, M.D., an allergist and clinical associate professor of pediatrics at the University of Minnesota Medical School, in Minneapolis.

Another sinusitis clue is a thick, copious, yellow or green nasal discharge for more than five days. Colds and allergies tend to produce thin, watery white-to-clear secretions. —D.C.

(continued) into three categories. Acute sinusitis lasts less than four weeks; subacute sinusitis lasts from four to twelve weeks; and chronic sinusitis can have sufferers like Denise experiencing symptoms for more than twelve weeks.

"An acute infection is like a cut that becomes red and inflamed for a short time and then gets better," says James Hadley, M.D., clinical associate professor of otolaryngology (ear, nose and throat medicine) at the University of Rochester Medical Center, in Rochester, New York. "But a chronic infection is like having a splinter under the skin. Until you get the splinter out, things stay irritated."

Chronic and repeated infection rates are high: A 1996 survey conducted for the American Academy of Otolaryngology–Head and Neck Surgery found that 57 percent of Americans who report sinus trouble say they get infections at least twice a year. More than a third say they've gotten sinusitis over twenty times. According to the National Center for Health Statistics, the number of chronic sinusitis sufferers jumped five million in the five years from 1990 to 1995, the most recent span for which data are available.

THE SINUS-ASTHMA LINK

The increase in sinusitis cases is partly explained by better diagnostic tools, which enable doctors to detect very mild cases. Poor air quality is another factor. "Basically, anything that irritates the nose can predispose one to sinusitis," says Metson. "There are sinus-irritating smoke particles, hydrocarbons, sulfur compounds and nitrous oxides in the air. In sealed buildings, heat and air-conditioning can dry the mucous membranes."

There is also a correlation between the number of asthma cases—which have doubled in the last fifteen years—and sinusitis. Experts believe that the same immune-system overreaction that causes inflammation in the bronchial passages, leading to an asthma attack, can inflame the sinuses. Traditionally doctors prescribed steroid pills to treat asthma, which also helped reduce inflammation in the sinuses. Today, many asthma patients use inhaled steroids, which work on the lungs but not the sinuses. "As we're getting better at treating patients' asthma, their sinus disease is getting worse," notes Larry Borish, M.D., an allergist at the University of Virginia Medical Center, in Charlottesville. *(continued)*

Anatomy of the Sinuses

THE SINUSES ARE ACTUALLY FOUR PAIRS OF AIR-FILLED CHAMBERS IN YOUR SKULL. THEY REDUCE THE WEIGHT OF THE SKULL, ALLOW INHALED AIR TO WARM, AND ARE RESONANT CHAMBERS FOR THE VOICE

The pair of sinuses above your eyes are called the frontal sinuses. An infection here will cause headache and pain in the eyes and forehead.



There is one pair of sinuses located between the eyes called the ethmoid sinuses. When these are infected, you feel a general stuffiness and pressure on the nose. The sphenoid sinuses are deeper in the skull and can cause earaches, neck pain and pain at the top of the head.

The pair of sinus cavities located beside the nose are called the maxillary sinuses. An infection, shown on the right, can make your teeth ache.

SWOLLEN AND SUSCEPTIBLE

Virtually everyone is at risk for sinusitis because the triggers—such as colds, air pollution and dry heat—are hard to escape. But some people are more prone than others. High on the list are those who have suffered from sinusitis in the past or who have allergies. "Their membranes may not ever have a chance to heal all the way," says Hadley. "During the next event, they block off again quickly."

People who have anatomic sinus-blocking abnormalities are also more susceptible. A deviated septum (the center section of the nose is shifted to one side) and polyps (small growths on the mucous membrane) can narrow the sinus openings, block drainage and lead to an increased rate of infection. Overall, about 10 percent of Americans have deviated septums, estimates Metson, and less than 5 percent have polyps. But of those who have respiratory allergies, asthma or other breathing problems, as many as one third have polyps.

Data from the National Center for Health Statistics indicate that sinusitis is more prevalent in women than in men, but experts can point to no scientific studies explaining the gender difference. In 1995, the rate for men was 135 per 1,000; for women it was 167 per 1,000. "Perhaps women are simply more likely to seek help from physicians," says Hadley.

NEW TOOLS

Your primary-care physician can treat infrequent, uncomplicated cases of sinusitis. If you have more than three attacks in one year or your symptoms last longer than three months, you should see a specialist. If you suspect allergies, consult an allergist.

An otolaryngologist will likely use a procedure called endoscopy. This involves passing a small, thin telescope through the nose into the nasal cavities to see areas of blockage and any physical abnormalities causing them. The procedure is slightly uncomfortable. If you have a chronic infection, you may need a sinus tap—a needle is inserted into the sinuses to remove mucus so it can be cultured to determine the exact type of bacteri CAT scan may be ordered to pinp inflammation.

Treatment usually involv combination of therapies. Antibi (a ten- to fourteen-day course acute infections; four to six week chronic sinusitis) can tackle the in tion. Over-the-counter pain relie can ease discomfort. Nasal decon tant sprays can decrease swelling widen sinus openings, but shoul used for no more than five days; mu thinning agents such as nasal saline help get things flowing again. N steroid sprays block inflammation those with chronic sinusitis caused allergies. Antihistamines can dry nasal secretions resulting from aller the newest nasal sprays work only the nose and won't produce side fects such as drowsiness or increa blood pressure. Leukotriene modi a new anti-inflammatory, may provide some relief from sinusiti asthma sufferers.

Patients with chronic sinusitis be on a selection of these medicat for years in order to get their sin in good working order. And w 80 percent are helped by drug th py, 20 percent still suffer. In s cases that's because an anatomic fect like a deviated septum, polyps scar tissue from repeat sinus infect is contributing to the blocka Surgery may then be recommend The latest tool in the sinusitis ars is a computerized-image guided tem that lets surgeons see each m during surgery.

"When my otolaryngologist d nosed blockage and a deviated s tum, I decided to go ahead with s surgery," says Denise Tortora. " doctor did say I should get fewer s infections and they would be less tense. He was right. In the first yea ter surgery, I got two or th infections and they weren't nearl painful as in the past. The next ye got only one or two. I feel so m better now. I have my life back." ■

Donna Christiano is a frequent contribu to Ladies' Home Journal.



TERIYAKI CHICKEN WITH RAMEN NOODLES

- 1 tablespoon vegetable oil
- 2 boneless skinless chicken breast halves (about 8 oz.), cut into 1-inch pieces
- 1 (1 lb. 5-oz.) pkg. Green Giant® Create a Meal!® Frozen Teriyaki Stir Fry Meal Starter
- 3/4 cup water
- 1 (3-oz.) pkg. chicken-flavor ramen noodle soup mix

1. Heat oil in large skillet or wok over medium-high heat until hot. Add chicken; cook and stir 3–4 minutes or until chicken is no longer pink.

2. Add frozen sauce, water and 1/2 teaspoon seasoning mix. Discard remaining seasoning mix. Heat until sauce is thawed.

3. Break up noodles into pieces. Add noodles and frozen vegetables to skillet. Cover and cook 8 to 10 minutes until vegetables are crisp-tender, stirring frequently.

4 (1 1/4-cup) servings



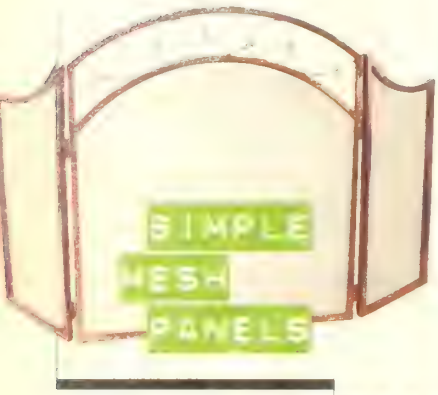
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FIRE Power

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Fire screens keep sparks from flying, yes, but these days they're also creating a few sparks of their own. Particularly when it comes to screens of the wrought-iron variety, the selection has never been wider, nor has the spectrum of prices (you can spend as little as $125 on a medieval-style metal screen with fancy finials from Pier 1, or upwards of $2,000 for a one-of-a-kind custom-made piece). Or, suggests Los Angeles stylist Sunday Hendrickson, you can get really creative and have a screen made out of, say, an antique iron gate or fence. Hendrickson recommends coordinating a screen with the other furniture in a room, either by keeping with the same design style or by finding a screen with a finish that goes with your color scheme. To complete the picture, all you need are coordinating andirons and log holders—and, of course, a blazing fire to curl up in front of.

Fireside Chat

To find a fire screen that coordinates with your home's furnishings, follow these design tips from stylist Sunday Hendrickson.

DESIGN STYLE	CHOOSE
• CONTEMPORARY	• a simple, single-panel screen with chrome finish
• COUNTRY	• a gate-style screen with a verdigris finish
• ECLECTIC	• a wrought-iron screen with intricate detail
• MODERN	• a frameless screen made of glass
• NEOCLASSICAL	• a three-paneled arched screen, made of wrought iron
• VICTORIAN	• a fan-shaped screen with an antique brass finish


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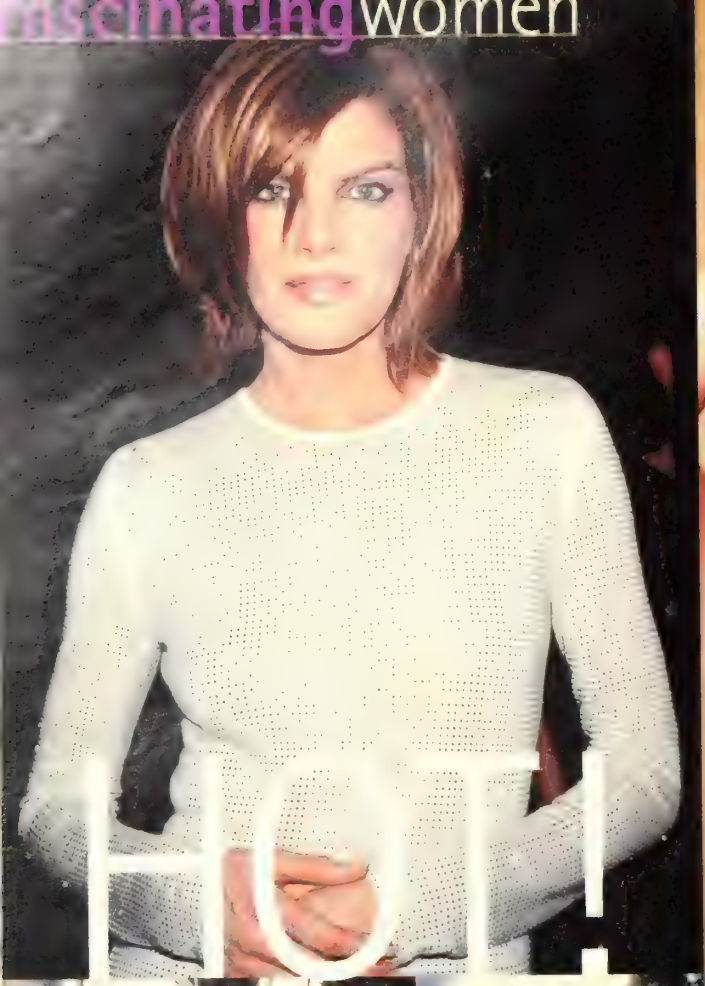




THEY ARE THE WOMEN OF THE YEAR: MOVERS AND SHAKERS, CELEBRITIES AND SURVIVORS. MOST OF OUR FASCINATING WOMEN HAD STUNNING SUCCESSES IN 1999; SOME FACED THEIR SHARE OF TOUGH TIMES. BUT EACH OF THEM WENT ON TO TRIUMPH—AND, IN THE PROCESS, TO INSPIRE US ALL

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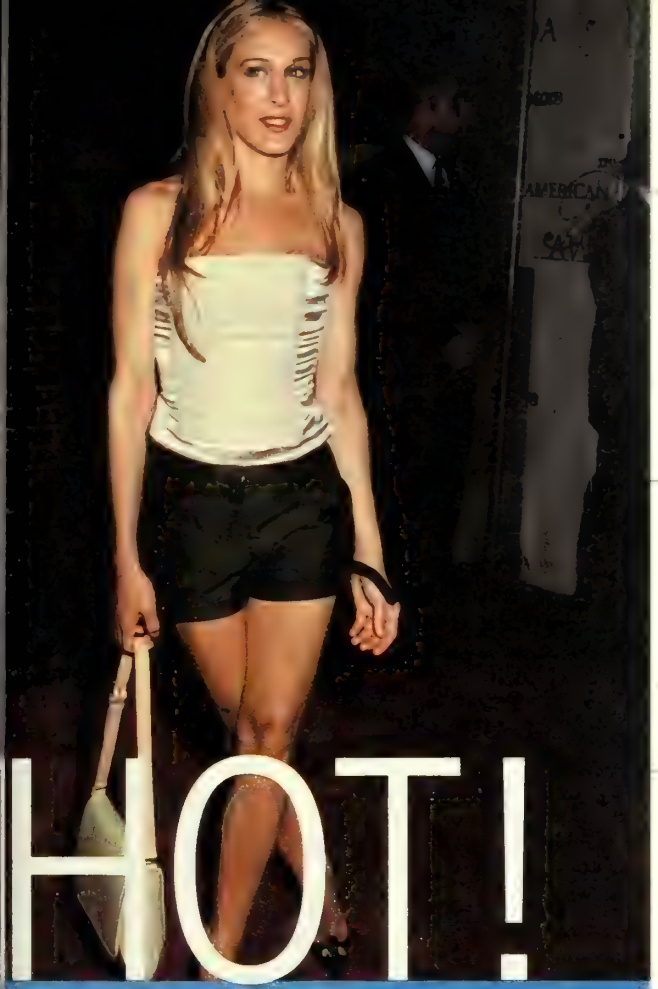
HOT!





HOT!





HOT!



RENE RUSSO

45 [illegible] last summer's *The Thomas Crown Affair* how much sexier it is to wear the confidence of middle age than shoulder the angst of an Ally McBeal. The mother of a six-year-old, Rose, this devout Christian has said, "If I could do anything, I would have a good effect on young women. [And that] takes courage, faith, and going against the grain."

CHRISTINA AGUILERA

Five years ago, this 19-year-old was a wholesome Mouseketeer; this summer, her self-titled album, featuring the single "Genie in a Bottle," shot to number one with a steamy video. Aguilera may have just completed high school, but there's nothing childlike about her talent: She's being compared to none other than Barbra Streisand.

SARAH JESSICA PARKER

As a child, she was Broadway's baby in the title role of *Annie*; now, she's HBO's babe. Thirty-four-year-old Parker's star is blazing with her Emmy-nominated, envelope-pushing, Prada-clad portrayal of a New York newspaper columnist in *Sex and the City*. Parker plays a woman unafraid to speak about what's on her mind—or who's in her bed.

LISA KUDROW

36, earned stellar reviews in 1998's *The Opposite of Sex*, but that hasn't stopped her from returning to TV as the ditsy Phoebe on *Friends*, taking on a small role in the blockbuster *Analyze This*, or playing mom to Julian, her twenty-month-old son. Whether balancing her career or pleasing her audience, Kudrow is one Friend to count on.

SELA WARD

When the 43-year-old landed the starring role as a divorced mother in the hit TV drama *Once and Again*, this ex-*Sisters* star said of her character's daily struggles, "Whether it's painful or fearful or vulnerable, there's a little piece of me that has been there, done that, seen that." When it comes to portraying what life can be like at fortysomething, we couldn't ask for a better tour guide.

LAURYN HILL

Twenty-three was quite an age for Hill: This former member of the hip-hop group The Fugees gave birth to her second child, daughter Selah, and won five Grammys for her debut solo album, *The Miseducation of Lauryn Hill*. "Everything I've really wanted to do," she's said, "I've been able to." And then some.

▶

HILLARY CLINTON

It would be understandable if Clinton, 52, wanted a little quiet. Instead, as her husband enters his final days in the White House, she's campaigning for a term of her own in the U.S. Senate. She may well get it: Last March, a national poll reported that she was the woman Americans most admire.

LINDA AND KRISTIN ARMSTRONG

Behind bicycling champ Lance Armstrong, 28, are *two* great women: Linda, 45, who gave birth to Lance when she was 17, and Lance's 28-year-old wife, Kristin. Both stood by him as Lance recovered from testicular cancer and went on to win the Tour de France, a 21-day, 2,287-mile race, last summer.

MELINDA GATES

, 35, wife of the world's richest man, Microsoft founder Bill, likes her privacy. No small feat, given that she's a driving force in dispensing with their fortune, estimated at $90 billion, through the couple's foundation, which champions education and health care. The mother of two small children, Gates runs her own vast empire: The family's 45,000-square-foot home in Medina, Washington.

QUEEN NOOR

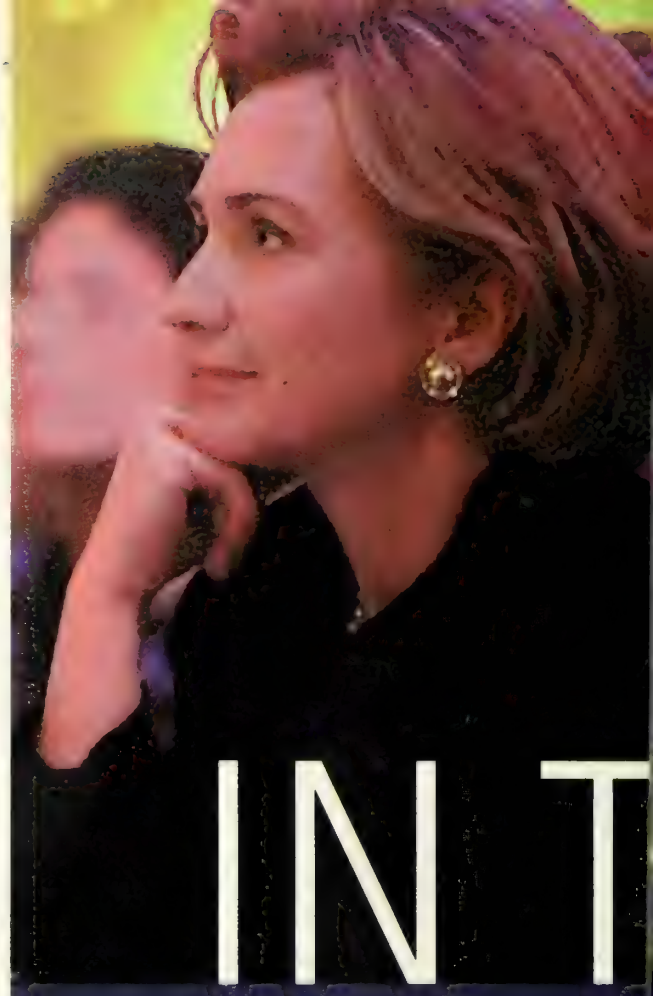
Twenty-one years ago, Washington, D.C. native Lisa Halaby moved to Jordan, changed her religion and her name, and became a Queen. But last February, Noor lost her King when Hussein, 63, passed away from non-Hodgkin's lymphoma. Now, running a foundation that champions the causes of women and children, Noor, 48, says of life without her husband, "On a spiritual level, I feel we are making the journey together."

J.K. ROWLING

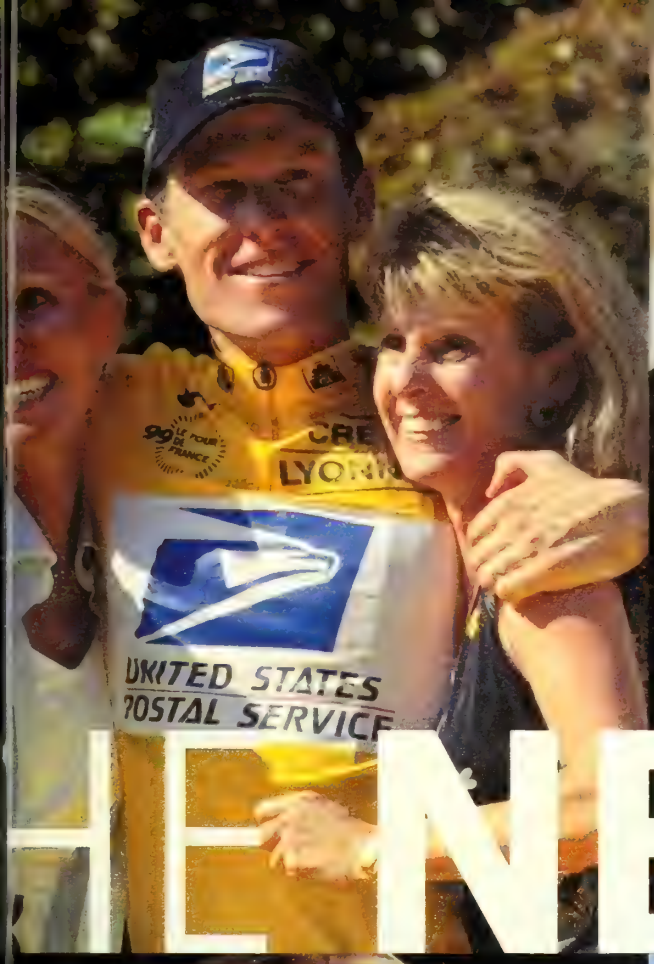
Thirty-four-year-old Rowling's *Harry Potter* series, about a boy who attends wizard school, has earned best-seller status and had its film rights snapped up by Warner Bros. The British children's author, once a single mother on welfare, will write four more books, one for each year Potter attends wizard school. Here's hoping he goes to college.

DR. JERRI NIELSEN

Posted at the South Pole, Nielsen, 47, spent five months treating herself for breast cancer before being rescued last fall and flying home for emergency surgery. "It's been a hell of an adventure," Nielsen wrote of the time, "but not the one that I had planned." ▶









HE NEWS







GOOD SPORTS

SERENA WILLIAMS

Not only did Williams, 18, beat No. 1 seed Martina Hingis to claim the U.S. Open title last September, she stole the spotlight from none other than her higher-ranked 19-year-old sister, Venus. Said the new champ, who beat her sister at the Grand Slam Cup in Germany, "I fear no one. Only God."

MIA HAMM

The modest-mannered co-captain of the world champion U.S. Women's National Team reached 109 goals last year, a record for any male or female. Hamm, 27, has been called the Michael Jordan of soccer; perhaps Jordan should be known as the Mia Hamm of basketball.



BETTER THAN EVER

CHER

This 53-year-old star is as mysterious today as she was thirty years ago, when she was Sonny's better half. Since then, there have been countless highs and lows, but Cher rose like a phoenix again last year with a record-setting single, "Believe," a performance at VH1's *Divas Live*, and a turn in Franco Zeffirelli's period drama, *Tea With Mussolini*.

SUSAN SARANDON

After her star turn in 1998's *Stepmom*, eternal cool chick Sarandon spent this past year taking chances. The 53-year-old actress bared her breasts in the art-house movie *Illuminata*, played a selfish mom in *Anywhere But Here*, and a staunch supporter of Mussolini in *Cradle Will Rock*.

ARETHA FRANKLIN

This 57-year-old gave "diva" a good name long before the word was associated with hissy fits. Now, with her autobiography, *Aretha: From These Roots*, for which she reportedly received $1.2 million, the original soul sister has put into prose the power of her music, and the stories of her past.

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Fascinating MOM

IN THIS LHJ EXCLUSIVE, JODIE FOSTER TALKS FOR THE FIRST TIME ABOUT THE BIGGEST CHALLENGE SHE'S EVER FACED

By Melina Gerosa



PHOTO: DANA FINEMAN/CORBIS-SYGMA. STYLIST, VIVIAN TURNER WITH CLOUTIER AGENCY. MAKEUP, LUCIENNE ZAMMIT WITH CLOUTIER AGENCY. HAIR, RICHARD MARIN WITH CLOUTIER AGENCY. PROP

JODIE FOSTER IS STRUGGLING. We are seated together on a banquette in a dark corner of the bar at the Four Seasons Hotel in Beverly Hills. Foster is sitting cross-legged and barefoot, her knees poking out from her green sundress.

This is the thirty-seven-year-old actress's first face-to-face interview since giving birth to her son, Charlie, eighteen months ago. Even though I'm avoiding the most obvious question—who the father of her baby is—Foster's eyes dart away as soon as the topic of motherhood is broached. She is torn. A consummate professional, she prides herself on delivering interesting interviews. A new mom, she is fierce about protecting her son's privacy.

"In some ways I really want to talk about [Charlie], because he's a huge part of my life, he's just amazing, and it's just such an extraordinary experience," she stammers. "But it's going to be hard enough to be my son."

The last time LHJ caught up with the actress, almost five years ago, Foster was glib about motherhood. When asked if she wanted to have a child one day, she'd responded, "There is nothing that annoys me more than all of my friends who are over forty who desperately want to have children by fifty because basically they want someone to love them. It's too desperate. If I have kids, I have them, and if I don't, I don't." When asked about that comment now, Foster rolls her eyes. "I rue the day I ever said that!" she says with a sigh. "What I was trying to say is, if I end up not having a child, I want to be okay with that, and not feel like I gave up my life for my career."

In fact, Foster admits her biological clock started making noises years before that chat, when she turned thirty. "It was a *(continued)*



"You can't have it all," says Foster. "My work definitely suffers. Whatever free time I have I spend with [my son]"

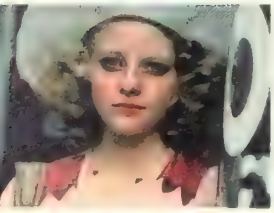
(continued) chronological thing where my life completely changed," she says. "In my twenties, I needed to know what was happening, and who was hip. When you hit thirty, you no longer want to waste time doing stupid things. Your life starts winding into a place where you might as well have children."

These days, Foster is spending plenty of time with kids—in fact, she co-stars with fifty-eight of them in her current movie, *Anna and the King*, a nonmusical version of *The King and I*, which chronicles the adventures of a British governess, Anna Leonowens, who is hired by the King of Siam in 1862. Did the actress—who has often said that the movie roles she picks are like therapy—learn something about herself by playing Anna? "I don't know if this movie did that; I wanted to go to Thailand," she says, laughing. But perhaps she has more in common with her character than she thinks. "[Anna] is a very unconventional woman, living in a very conventional time, who sets off all by herself with her child," Foster explains. "And it's just the whole bittersweet story of a love that can never be. Two people who are meant for each other, but because of the time and the conventions, the ramifications of being together would be too enormous."

Filming on location in Malaysia for four and a half months often in 110-degree heat with a baby definitely presented challenges. "I was pretty careful; we had mosquito netting, and I had to keep him lathered with sunscreen, because he is really blond," she says. Unfortunately, Foster was not as careful herself—she cracked a rib during production. "I fell down the trailer steps. It was really painful, and it kept us from shooting for about a week and a half. My co-star [Chow] Yun-Fat had a kit with homeopathic remedies. He knows acupressure points, and he would poke my toes and stuff." Did it help? She smiles. "It took my mind off it."

Production pains aside, Foster's movie career has never been healthier. With a salary of $15 million a film, she is one of the three most highly paid actresses in Hollywood, along with Julia Roberts ($20 million per film) and Meg Ryan ($15 million). But Foster denies any desire to hit the pinnacle. "I've lost any sense of competition," she says with a shrug. Her Oscar-winning role as the victim of a gang rape in the 1988 drama *The Accused* was the last role she really fought to get. "I had to keep flying myself in for the auditions. Nobody wanted to hire me," she says. "Once that film was so well received, I decided that if I make movies that I believe in, then chances are other people are going to believe in them, and they'll be more successful."

Will one of those projects be *Hannibal*, the sequel to *The Silence of the Lambs*, for which she won another Oscar? "I can't talk about it until I read the script," says Foster, adding that she would sign on only if her fava bean–eating co-star does. "I don't think they would even make the movie without Anthony Hopkins," she says. "As I get older, I get pickier about the films I make. Life is way too short to spend with people who aren't nice."






"As I get older, I get pickier about the films I mak

A life in film (from left): In *Taxi Driver* in 1976; *The Accused*, 1988; *Little Man Tate* and *The Silence of the Lambs*, 1991

These days, Foster allows plenty of time between projects; she makes a movie every year and a half. "It makes people nasty when they work too much," she says. "They don't have a real life, so they try to make this fake, privileged life happen while they're shooting. Because they're always sitting in the star chair, they don't have the time to be the other person who does the old stuff, like going shopping and getting food on the table, so they never have a sense of themselves."

Foster says she actually takes pleasure in the mundane. "What sounds exciting to me is doing repetitive tasks. Like being a mail carrier or a cappuccino maker. Maybe in the twenty-first century there is a repetitive task that has my name on it," she says, laughing.

But her first priority is Charlie. "The truth is you can't have it all. You have to do some things badly," Foster explains. "My work definitely suffers. I don't take on as

many projects. I made my company smaller. I'm very good about delegating now. And a lot of things just pass me by. Whatever free time I have I spend with [my son]."

From the first labor pain, motherhood has been a bigger challenge than the actress ever imagined. "Childbirth was the hardest thing to go through," says Foster. She chose not to have an epidural because "I thought it was the healthy way. It's a primal experience, and we don't have many of those." Then came trial number two, breast-feeding. "You expect everything to be so natural, but it takes a lot of work!" says Foster, who breast-fed for six months.

Still, caring for her son was simple compared to dealing with her life at large. Foster is candid about the difficulties in her relationship with her mother after Charlie was born. "I had those moments with her, where she would just scream at me on the phone about some opinion she had [about caring for him]. We're both very strong and very stubborn. My brother and sisters are better about letting her opinion go in one ear and out the other."

Yet the actress admits that she has new respect for her mother, who raised four children alone after her husband walked out on her while she was pregnant with Foster. "I don't know how she did it with no husband, no help, no financial support," says Foster. She is most in awe of her mother's ability to indulge each of her children's special interests, despite her lack of resources. "She always found the time to be really inspiring. She was always schlepping my sister Connie, the artist in the family, to art classes, and for me, it was totally about books and languages. I realize now how forward-thinking she was, in the focus she gave to each child."

Even at dinnertime, which, in the Foster household, was a moveable feast in the family station wagon. "We would go from drive-thru to drive-thru," the actress recalls. "I liked McDonald's hamburgers with no bun, ketchup or mustard. Connie liked things like tripe, so we would go to this weird farmer's market, and my other sister wouldn't eat anything but Asian food. Each person would eat dinner in the car as she got it."

Because of her upbringing, Foster has no qualms about raising Charlie alone. She refuses to discuss the identity of Charlie's father. "Mine is not a traditional household, and my mom's wasn't, either," she says firmly. "Everybody is brought into this world with a different set of events. Traditions are not the point. The point is the amount of love, focus and sensitivity that you can bring to the experience." Does she plan on having more children? "Yeah," she says. "But not more than three. Definitely."

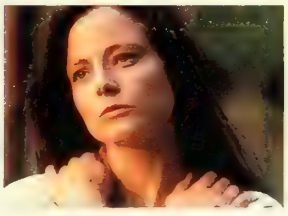
For now, Foster is happiest playing the role of devoted mom to her son. "I cook every meal for him. I make soups all weekend," she says, citing her favorite recipes from Lee Bailey's cookbook. "I think I finally accomplished my finest ambition, which is to be the most boring person on Earth," she says with a chuckle. "And that's fine with me."

But she and Charlie never bore each other. "He'll just have a laughing fit about the strangest things," Foster says. "If you slap your knee, he'll shriek with laughter. Then, of course, you do it over and over again. Those are the most joyful moments you get."

Charlie has even taught his mother a thing or two. When asked what she likes least about herself, the actress admits, "I can be very critical, of myself and other people. And you know, Charlie is helping me with that. I would never want somebody else to be that way toward him. That's what having kids is about, they're there to show you all the crappy things you do that you have to stop doing. They are your therapy." And with that, Foster looks at her watch, tugs her sandals on, and heads home for an afternoon with her son. ■

Melina Gerosa is the entertainment editor of Ladies' Home Journal.

fe is too short to spend with people who aren't nice"



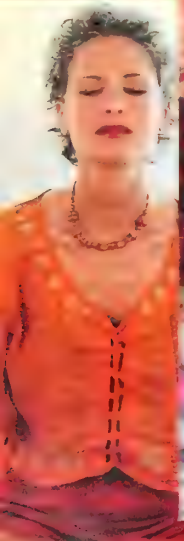
Maverick* (1994) and, in that same year, *Nell*; searching for aliens in *Contact* (1997); and her new movie, *Anna and the King

You Look DIVINE

WHEN YOU FEEL GOOD ON THE INSIDE, IT CAN'T HELP BUT SHOW. FROM MEDITATION AND YOGA TO AROMATHERAPY AND MASSAGE, EASY, BACK-TO-BASICS WAYS TO BEAT STRESS AND LOOK YOUR BEST. BY LOIS JOY JOHNSON











meditation

THINK YOURSELF PRETTY

If your face is the place stress first shows up, meditation can help you reclaim your looks—along with some sanity. Trust us, the hardest thing about meditating is carving out the time to do it, but find just fifteen minutes, and you're on your way to inner serenity and outer beauty.

To do: Sit quietly on the floor, in a position you find most comfortable. Choose a one-syllable word as a mantra—anything from the classic *om*, to something that evokes peaceful thoughts for you, such as *love* or *sky*. Close your eyes and concentrate on breathing in and out. (If your thoughts stray, it may help to open your eyes and focus on an object such as a lit candle.)

yoga



"Yoga is accessible to anyone, regardless of age, body type or fitness level," says Greta Finger, co-founder of Yoga Zone, in New York City. Yoga—a combination of relaxing meditation, breathing and physical postures—is designed to tone and soothe both the body and the mind; those who practice yoga regularly report that it helps reduce stress and promotes an overall sense of well-being. Each pose imparts specific benefits—the Camel pose, left, stretches and tones the spine.

Finger suggests you start out with a twice-weekly yoga class, then aim to squeeze in fifteen minutes a day on your own. "Some days you may just want to incorporate stillness and breathing; other days, you may do a few poses. Either way, yoga nurtures both your mind and spirit," Finger says.

INTRODUCE YOUR BODY TO YOUR MIND: YOGA HELPS YOU MAKE THIS VITAL CONNECTION THAT CAN BENEFIT YOUR WHOLE BEING



acupressure

Relieve tension and give yourself a healthy glow—in just fifteen seconds—with a do-it-yourself facial massage. A mini form of the finger massage known as shiatsu, acupressure involves pressing on specific points. On the face, these are: 1. The tiny notch below your eyebrow, directly in line with the inner eye corner (pictured, right); 2. The center of your forehead; 3. Just under your cheekbones, about a half inch from the sides of your nose. To do: Rub a facial oil, such as Sundāri Nighttime Nourishing Oil, or your favorite moisturizer onto just-cleansed skin. With the pads of your thumbs, apply firm pressure to vital points and massage gently for five seconds.



The aroma to choose when you want to:

RELAX

LAVENDER, NEROLI AND ORANGE BLOSSOM are the scents to turn to when you want to tune out, calm down or slumber on.

- Scent your environment—especially the bedroom—with concentrated lavender candles like Aroma Naturals Serenity Candles.
- Spray a tissue with Aromatherapy Stress Relief Linen Spray from Bath & Body Works; keep close at hand for a calming sniff when tension in the office runs high.
- Soak in a tub filled with warm water spiked with Kneipp's Orange & Linden Blossom Herbal Bath; breathe in the aromatic vapor.
- Found a minute for yourself? Create a soothing environment in seconds with Crabtree & Evelyn Aromatherapy Relaxation Incense, and try out the meditation moves on page 93.

ENERGIZE

LEMON, GRAPEFRUIT, MINT, ROSEMARY AND PINE are the aromas that can invigorate and refresh you.

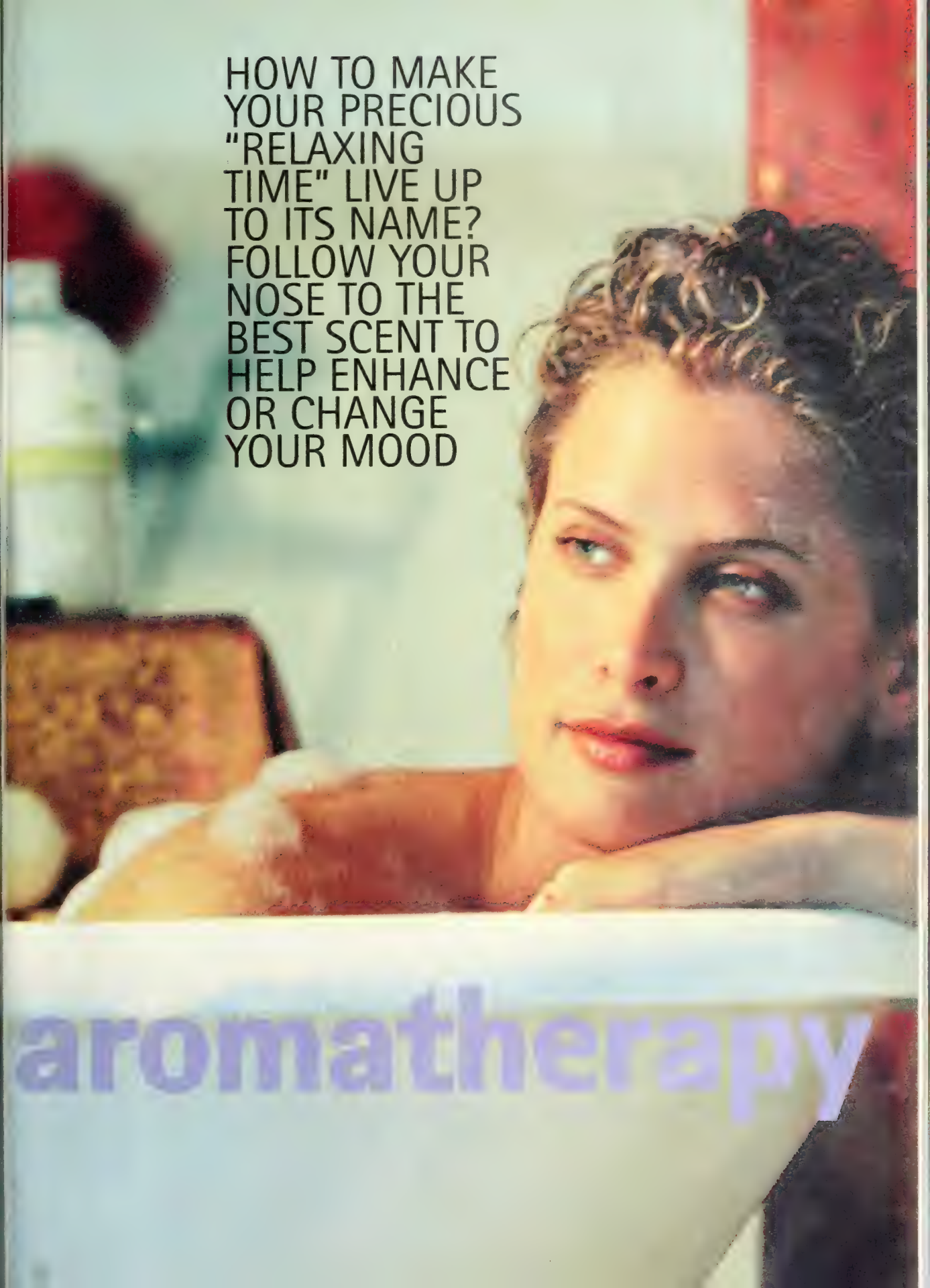
- Tie a bunch of fresh rosemary in a square of muslin; hang from the showerhead and let hot water run through it to disperse the scent.
- Got a big night out planned and the day was nothing but constant go-go-go? Rev back up with a fizzy citrus bath, such as Tommy's Juiced Up Bath Fizz.
- Kick-start early mornings with lemon- and peppermint-scented Origins Salt Rub soap, which also works to de-flake dry, winter-weary skin.
- Mist tired, achy feet with an energizing foot spray, such as The Body Shop Refreshing Foot Spray, or add drops of peppermint essential oil to a foot bath.

GET SENSUAL

JASMINE, ROSE, YLANG-YLANG, SANDALWOOD AND PATCHOULI trip the mood romantic. . . .

- Draw a candlelit, late-night bath with Aromatopia's Pleasure Dome Bath Soak, Osea's Passion Bath Oil or Time Out's Amber Garden Incense Bubble Bath.
- Turn up the heat in the bedroom with Aveda's Tantra Stick Incense in Sandalwood & Indian Rose, or The Healing Garden's Jasmine Love Candle.
- Spray your bedsheets with Avon Aromatherapy Sensual Jasmine Linen and Room Spray, or spritz cotton balls with essential oils and tuck them into your pillowcases.
- Give each other a healing massage enhanced with a scented oil, such as Molton Brown Sensual Massage Oil.

PHOTOS, THIS PAGE: DASHA WRIGHT EWING; OPPOSITE PAGE: MICHELLE McCABE



aromatherapy

HOW TO MAKE YOUR PRECIOUS "RELAXING TIME" LIVE UP TO ITS NAME? FOLLOW YOUR NOSE TO THE BEST SCENT TO HELP ENHANCE OR CHANGE YOUR MOOD

SANTA FE TODAY



In the foyer, French limestone floors and walls of stacked Anasazi stone and waxed plaster create a dramatic backdrop for an intricately carved table and Le Corbusier chaise. In the living room, a chair covered in a Navajo-style print shares a corner with a Portuguese chest

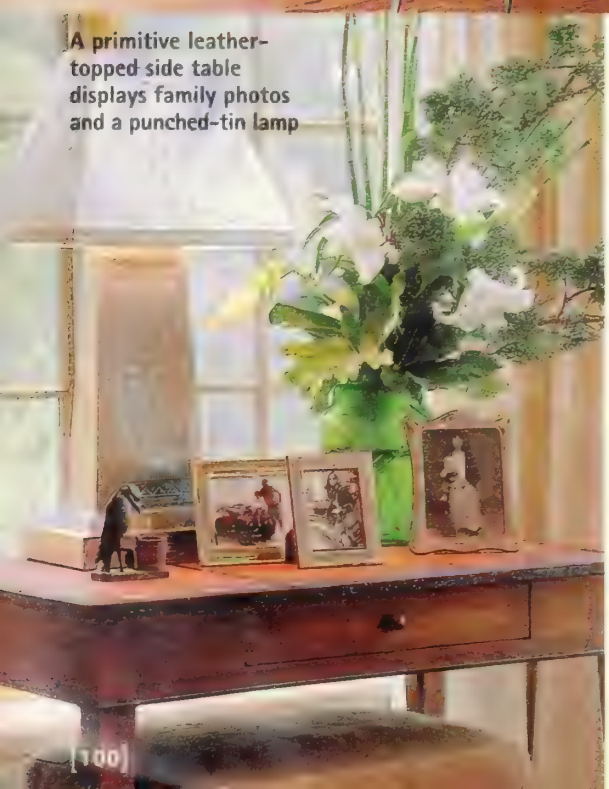


NO HOWLING COYOTES OR TURQUOISE-AND-PEACH COLOR SCHEMES. IN THIS NEW MEXICO HOME, A SUBTLER APPROACH TO SOUTHWEST STYLE PROVES TO BE THE BEST WAY TO GO

Produced by Kimberlie A. Waugh

ADOBE, STONE AI

In the open kitchen, bar stools pull up to a limestone island. A kiva fireplace, which once would have been used for cooking, warms the room



A primitive leather-topped side table displays family photos and a punched-tin lamp

HALLMARKS OF THE STYLE

- Thick-walled adobe or plaster construction, with walls that curve around windows and into fireplaces
- Vigas, or exposed ceiling beams; wooden lintels over windows; oversized, heavy wooden doors
- Kivas, or rounded adobe corner fireplaces
- Inner courtyards or gardens; portales, or porches, often with outdoor fireplaces
- Floors made with natural materials, such as terra-cotta tile, brick, flagstone or pine, often left bare
- Navajo rugs, blankets and textiles
- Large, worn painted cupboards called trasteros, and cupboards built into adobe walls, called alacenas
- Large Pueblo Indian pottery; carved religious figures; intricate tinwork

)OD: TIME-HONORED MATERIALS BESTOW A SIMPLE BEAUTY

After fourteen years of Michigan's long, gloomy winters, Marcia and Jay Ross seized upon an opportunity most of us only dream about. Because Jay's commercial real-estate business no longer tied them to one location, the Rosses could live anywhere in the country. They chose Santa Fe, drawn by both its rugged beauty and casual lifestyle. "Every day here is like a vacation," Marcia says. "It's the most perfect time of our lives."

But after months of looking for a house, the Rosses decided that the best way to accommodate their family of four (their two boys are ten and thirteen) would be to start from scratch. They bought land in the scenic Tesuque valley, five minutes from Santa Fe's downtown Plaza, and built the house of their dreams. Though it is a traditional adobe-style structure with the typical plaster walls and vigas, or pine ceiling beams, they asked their designer, Brian Killian, to help them fashion interiors that would capture the Santa Fe spirit more subtly.

The result is a "clean-lined, more contemporary and younger approach to Southwest style," Killian says. In the living room, a French limestone floor was installed as a more sophisticated take on traditional terra-cotta tiles, with the same cool-underfoot feeling. A Navajo-style print was used to cover a chair and ottoman, but most of the other fabrics, counter to convention, are solid. Throughout the house, Killian skillfully mixed provenance, period and style. For example, he painted the carved table in the foyer black, but topped it in stainless steel for a more regional sensibility. A new breakfront in the great room is filled with a collection of pottery made by Indians in the twenties and thirties.

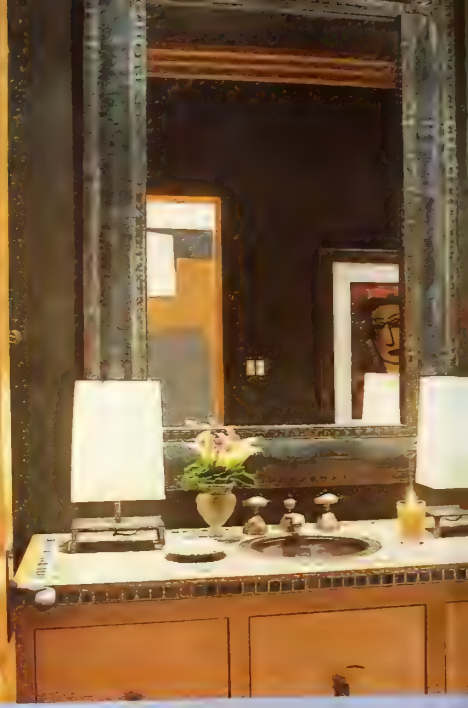
But even in the main living areas, nothing is so precious as to be off-limits—there's commercial-grade chenille on the sofas, and very few rugs. In all, the home is a distinctive mix of the rugged and the refined—much like Santa Fe itself. *—Jill Kirchner*

(continued)



A subtle mix of textures enlivens the living room: limestone floors, wool corduroy on the sofa and raffia and suede on the slipper chairs. Windows are framed by canvas curtains trimmed in hemp braid





SOPHISTICATION AND WHIMSY: NATIVE HANDICRAFTS MIX WITH CONTEMPORARY FURNISHINGS



The woven-door breakfront in the great room is filled with Indian pottery. But the powder room is also a gallery of talented artisans' work, with its handmade tiled vanity and sink, and hand-tooled tin mirror and bronze faucets. In the dining area, a mix of cultures and countries blend amiably: Contemporary Italian black leather chairs surround a hand-planed pine table, while a French grape-picker's basket hangs above the fireplace. The French doors open onto the portale, or porch


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Fresh Step Scoop


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food journal



Good Fortune Dinner with pork, greens and black-eyed peas is a Southern favorite



Chicken Cacciatore gets its rich taste from fresh and dried mushrooms in the sauce



Vegetarian Skillet Chili includes healthy sweet potatoes, zucchini and beans

JANUARY'S MENU

Ring in this very special New Year with our elegant—and easy—**MILLENNIUM DINNER**: Complete with a pre-party planning schedule, it's do-ahead delicious. Start your weekday cooking off right with these **SKILLET SUPPERS** that are flash-in-the-pan fast. And, who doesn't love a big batch of perfect **FRENCH FRIES**—we'll show you how to cook 'em up their crunchy, crispy best at home

30-MINUTE SKILLET DINNERS

CHICKEN CACCIATORE

We add fresh and dried mushrooms to the sauce so it's rich and flavorful without a lot of simmering time.

Total prep and cook time: 30 minutes
EASY, LOW-FAT, LOW-CALORIE

- 1 1/2 pounds boneless, skinless chicken thighs
- 3/4 teaspoon salt, divided
- 1/4 teaspoon pepper
- 1 package (.35 oz.) dried porcini mushrooms
- 1/4 cup boiling water
- 1 tablespoon olive oil
- 1/2 pound sliced mushrooms
- 1 medium onion, chopped
- 1 can (28 oz.) tomatoes in puree, chopped
- 1/2 teaspoon dried oregano

1. Sprinkle chicken with 1/2 teaspoon salt and pepper. Brown 5 minutes in 12-inch nonstick skillet, remove.
2. Rinse porcini well in a sieve. Transfer to a cup; add boiling water and let stand 10 minutes. Chop porcini, reserving mushroom liquid.
3. Heat oil in skillet. Cook sliced mushrooms and onion 3 minutes; add remaining salt and cook until golden. Return chicken to skillet with porcini and liquid, tomatoes and oregano; bring to a boil. Simmer 16 minutes, until cooked through. Makes 4 servings.

Per serving: 330 calories, 10.5 g total fat, 2 g saturated fat, 141 mg cholesterol, 902 mg sodium, 20 g carbohydrates, 38 g protein, 104 mg calcium, 3 g fiber

GOOD FORTUNE DINNER

The Southern saying goes that eating "Hoppin' John" on New Year's Day brings good luck. But this pork, kale and black-eyed peas stew is so quick and easy, your family will be lucky to dig into it anytime.

Total prep and cook time: 30 minutes
EASY

- 1 1/2 pounds boneless center-cut pork loin, cut into 1-inch chunks
- 1/2 teaspoon salt
- 1/4 teaspoon pepper
- 1 tablespoon olive oil
- 1 large clove garlic, minced
- 1 pound kale, stems trimmed
- 3 1/2 cups chicken broth
- 2 cups refrigerated cut-up, ready-to-use golden potatoes
- 1 box (10 oz.) frozen black-eyed peas, thawed

1. Sprinkle pork with salt and pepper. Heat oil in deep 12-inch skillet. Brown pork, turning pieces, 3 minutes. Add garlic and cook 30 seconds. Transfer to a bowl.
2. Coarsely chop kale. Add broth, kale, potatoes and peas to skillet; bring to a boil. Cover and simmer 15 minutes. Stir in pork and cook 2 to 3 minutes, just until cooked through. Makes 4 servings.

Per serving: 600 calories, 28 g total fat, 9 g saturated fat, 119 mg cholesterol, 1,582 mg sodium, 39 g carbohydrates, 48 g protein, 157 mg calcium, 6 g fiber

TOP IT OFF

Use leftover cake trimmings from our Confetti Ice-Cream Tower Cakes recipe (page 114) to make a crunchy ice-cream topping. With fingertips, gently break up cake into small crumbs and arrange in a single layer on a cookie sheet. Bake at 350°F. 10 minutes, until dry. Cool. Combine with nuts, chocolate chips or coconut.



VEGETARIAN SKILLET CHILI

Budget Recipe of the Month

Whip up this meatless, stick-to-your-ribs chili with sweet potatoes and zucchini.

Total prep and cook time: 30 minutes
EASY, LOW-CALORIE

- 2 tablespoons olive oil
- 1 cup chopped onions
- 2 teaspoons chili powder
- 1 teaspoon cumin
- 2 cans (10.5 oz. each) diced tomatoes and green chilies*
- 1 large sweet potato (8 oz.), peeled and diced
- 1 large zucchini (12 oz.), diced
- 2 cans (16 to 19 oz. each) black beans, drained and rinsed

Heat oil in a 12-inch skillet. Cook onions until lightly browned. Stir in chili powder and cumin; cook 1 minute. Add tomatoes and green chilies and potato; bring to a boil. Reduce heat; cover and simmer 6 minutes, until potato is partially cooked. Add zucchini; cook just until tender. Add beans and cook until heated through. Makes 4 servings.

*AVAILABLE FROM TEX-MEX, 877-243-8839 OR *WWW.TEXMEX.NET.*

Per serving: 300 calories, 9 g total fat, 1 g saturated fat, 0 mg cholesterol, 1,020 mg sodium, 44 g carbohydrates, 12 g protein, 116 mg calcium, 12 g fiber ■

Recipes by Cynthia DePersio



ORIGINALS NEVER CHANGE.

THEY JUST GET BETTER.



WE'RE KEEPING IT REAL.

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SOMETHING TO CELEBRATE!







Left: Let the festivities begin with a tray of Crab on Cornmeal Pancakes. This page: An exquisite serving of Porcini Rack of Lamb, Creamy Chive Potato Cakes and French Beans rival the menu of a fancy restaurant. For a truly grand finale: Confetti Ice-Cream Tower Cakes and chocolate Truffles

FOR A **NEW YEAR'S EVE** LIKE NO OTHER, SERVE A MEAL DESIGNED TO **DAZZLE**. FROM THE **TANTALIZING** APPETIZER TO THE **SPECTACULAR** DESSERT, THIS MENU IS DELICIOUS AND DO-AHEAD EASY



PARTY PLANNER

THE NO-SWEAT SECRET TO OUR DAZZLING DINNER IS THIS DO-AHEAD SCHEDULE.

2 WEEKS AHEAD
- Make and refrigerate Truffles
- Order meat (lamb, venison or beef tenderloin)

1 WEEK AHEAD
- Make and freeze pancakes
- Purchase nonperishable food

3 DAYS AHEAD
- Assemble and freeze Ice-Cream Tower Cakes (except for meringue and Three Sauces)

2 DAYS AHEAD
- Purchase perishable food

1 DAY AHEAD
- Make port sauce; refrigerate
- Make porcini powder for meat
- Make Creamy Chive Potato Cakes; refrigerate
- Prepare beans; refrigerate
- Make meringue and pipe on cakes; freeze
- Make mango sauce; refrigerate

4 HOURS BEFORE SERVING
- Make kiwi and strawberry sauces; refrigerate

2 HOURS BEFORE SERVING
- Make and refrigerate crab topping
- Thaw pancakes
- Broil meringue; unmold cakes and freeze until ready to serve

1 1/2 HOURS BEFORE SERVING
- Heat cornmeal pancakes; keep oven on
- Rub meat with porcini powder

45 MINUTES BEFORE SERVING
- Begin to roast beef tenderloin, if using
- Cook shallots for beans

30 MINUTES BEFORE SERVING
- Begin to roast lamb or venison, if using
- Heat potato cakes

JUST BEFORE SERVING
- Assemble crab on pancakes
- Carve meat
- Reheat beans
- Reheat port sauce

CRAB ON CORNMEAL PANCAKES

Crab salad with creamy lime dressing spooned on warm cornmeal cakes starts this new millennium meal off right.

Prep time: 35 minutes plus rising
Cooking time: 10 minutes
MODERATE, MICROWAVE USED

Pancakes
- 1 teaspoon active-dry yeast
- 2 tablespoons warm water (105°F. to 115°F.)
- 1 1/4 cups all-purpose flour
- 3/4 cup cornmeal
- 1/4 teaspoon sugar
- 1/4 teaspoon salt
- 3/4 cup lukewarm milk (105°F. to 115°F.)
- 1/2 cup lukewarm buttermilk (105°F. to 115°F.)
- 2 large eggs, separated
- 2 tablespoons butter or margarine
- 1/2 teaspoon cumin seed, crushed
- 1 large egg white

Crab topping
- 1/3 cup mayonnaise
- 1/3 cup finely diced yellow bell pepper
- 2 tablespoons finely diced sweet onion
- 1/4 teaspoon grated lime peel
- 2 tablespoons fresh lime juice
- 1/2 teaspoon salt
- 1/4 teaspoon ground red pepper
- 1 pound fresh lump or jumbo crabmeat, picked over

1. *Make pancakes:* Sprinkle yeast over water in cup; let stand 5 minutes, until creamy on top.
2. Whisk together flour, cornmeal, sugar and salt in bowl. Whisk together milk, buttermilk, egg yolks and yeast mixture in another bowl. Gradually beat milk mixture into flour mixture with a spoon. Cover and let stand in a warm, draft-free place until batter is bubbly, 45 to 60 minutes.
3. Melt butter with cumin seed in microwaveproof cup on High, 30 to 40 seconds. Beat egg whites in large mixer bowl, just to stiff peaks. Fold beaten whites into yeast mixture, then fold in butter-cumin mixture.
4. Coat a 12-inch nonstick skillet with cooking spray; heat over medium-high heat. Drop 5 to 6 rounded tablespoons of batter onto skillet, spreading with back of spoon to form 2-inch circles. Cook 30 to 40 seconds, until golden; turn and cook 30 to 35 seconds mo Transfer pancakes to wire rack. Repe *(Can be made ahead. Cool. Wrap well freeze up to 1 week. To reheat, thaw p cakes at room temperature 2 hours; wrap foil and reheat in 350°F. oven, 10 minut*
5. *Make crab topping:* Combine all gredients except crab in bowl. Fold crab. *(Can be made ahead. Cover and frigerate topping up to 2 hours.)* Spo about 1 tablespoon topping onto ea pancake; arrange on a serving tr Makes 42 pancakes.

Per pancake: 60 calories, 3 g total fat, .5 g satura fat, 24 mg cholesterol, 96 mg sodium, 5 g carbohydra 3 g protein, 23 mg calcium, 0 g fiber

PORCINI RACK OF LAMB

Test Kitchen Favorite

A coating of dried porcini (poh CHEE-nee) mushrooms lends an i tense, woodsy flavor to rack of lam venison or beef tenderloin (and we i clude instructions for all three).

Prep time: 30 minutes
Baking time: 45 to 65 minutes
EASY, MICROWAVE USED

Port sauce
- 3 large (4 oz.) unpeeled shallots
- 1 1/2 teaspoons olive oil
- 1 1/4 cups port wine
- 3 tablespoons butter, divided
- 2 teaspoons very thinly sliced garlic
- 3 tablespoons flour
- 1 can (14 1/2 oz.) chicken broth
- 1/4 cup prepared duck and veal demi-glace*
- 1 teaspoon soy sauce
- 3/4 teaspoon salt
- 1/8 teaspoon freshly ground pepper

- 3 packages (.35 oz. each) dried porcini mushrooms
- 1 1/2 teaspoons salt
- 1 1/2 teaspoons freshly ground pepper
- 3 racks of lamb (1 1/4 to 1 3/4 lbs. each rack) or 2 racks of venison* (1 3/4 to 2 1/4 lbs. each rack), trimmed, or 1 (3 1/2 lb.) center cut beef tenderloin (see recipe below)

1. *Make port sauce:* Heat oven to 425° Toss shallots with oil in a small baki dish. Roast 30 minutes, until tend cool. Peel and cut away root and ste of each shallot.
2. Meanwhile, microwave port in 2-cup glass measure on High, 8 9 minutes, until *(continued on page 1*

Campbell's 15-Minute Chicken & Rice Dinner



We have a soup for that.™

Campbell's Chicken Quesadillas & Fiesta Rice



We have a soup for that.™

Campbell's Creamy Mushroom Garlic Chicken



We have a soup for that.™

Campbell's Chicken & Broccoli Alfredo



We have a soup for that.™

Campbell's® Chicken Quesadillas & Fiesta Rice

Prep/Cook Time: 20 min.

- 1 lb. boneless chicken breasts, cubed
- 1 can Campbell's® Cheddar Cheese Soup
- 1/2 cup Pace® Chunky Salsa or Picante Sauce
- 10 flour tortillas (8")

Fiesta Rice: Heat 1 can Campbell's® Chicken Broth, 1/2 cup water and 1/2 cup Pace® Chunky Salsa in saucepan to a boil. Stir in 2 cups uncooked Minute® Original Rice. Cover and remove from heat. Let stand 5 min. Fluff with fork.

Preheat oven to 425°F.

Cook chicken in nonstick skillet until done and juices evaporate, stirring often. Add soup and salsa and heat through.

Spread about 1/3 cup soup mixture on half of each tortilla to within 1/2" of edge. Moisten edge with water. Fold over and seal. Place on two baking sheets.

Bake 5 min. or until hot. Serve with Fiesta Rice. Serves 4.



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Campbell's® 15-Minute Chicken & Rice Dinner

Prep/Cook Time: 15 min.

- 1 tbsp. vegetable oil
- 4 boneless chicken breast halves
- 1 can (10 3/4 oz.) Campbell's Cream of Chicken or 98% Fat Free Cream of Chicken Soup
- 1 1/2 cups water
- 1/4 tsp. each paprika and pepper
- 1 1/2 cups uncooked Minute® Original Rice
- 2 cups fresh or frozen broccoli flowerets

Heat oil in skillet. Add chicken and cook until browned. Remove chicken.

Add soup, water, paprika and pepper. Heat to a boil.

Stir in rice and broccoli. Top with chicken. Season chicken with additional paprika and pepper. Cover and cook over low heat 5 min. or until done. Serves 4.



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Campbell's® Chicken & Broccoli Alfredo

Prep/Cook Time: 20 min.

- 1/2 pkg. linguine or spaghetti (8 oz.)
- 1 cup fresh or frozen broccoli flowerets
- 2 tbsp. butter
- 1 lb. boneless chicken breasts, cubed
- 1 can (10 3/4 oz.) Campbell's Cream of Mushroom or 98% Fat Free Cream of Mushroom Soup
- 1/2 cup milk
- 1/2 cup grated Parmesan cheese
- 1/4 tsp. pepper

Cook linguine according to package directions. Add broccoli for last 4 min. of cooking time. Drain.

Heat butter in skillet. Add chicken and cook until browned, stirring often.

Add soup, milk, cheese, pepper and linguine mixture and heat through. Serve with additional Parmesan cheese. Serves 4.



200- Campbell Soup Company www.campbellsoup.com

Campbell's® Creamy Mushroom Garlic Chicken

Prep/Cook Time: 15 min.

- 1 tbsp. vegetable oil
- 4 boneless chicken breast halves
- 1 can Campbell's® Cream of Mushroom with Roasted Garlic Soup
- 1/2 cup milk

Heat oil in skillet. Add chicken and cook until browned.

Add soup and milk. Heat to a boil. Cover and cook over low heat 5 min. or until done. Serves 4.



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(METHING TO CELEBRATE!

ntinued from page 110

duced to ⅔ cup. Melt 1 tablespoon tter in small saucepan; add garlic d cook 1 minute. Stir in flour and ok 1 minute more, until light gold-. Gradually whisk in port, broth, mi-glace, soy sauce, salt and pepper. Stir shallots into port mixture; bring a boil, stirring constantly. Simmer ice 2 minutes; strain through a fine ve into 2-cup measure and discard allots. *(Can be made ahead. Cool. over and refrigerate overnight.)*

Process porcini, salt and pepper in itches in a spice grinder or food ocessor to a powder. *(Can be made ead. Store in container overnight.)*

Arrange oven rack in upper third of ven. Increase oven temperature to 75°F. Sprinkle porcini powder onto l meaty sides of lamb (or venison, if sing). Arrange racks on a broiler pan eaty side up and roast 15 to 22 min-es, until instant-read thermometer nserted in center of lamb reaches 30°F. for medium-rare. (For venison, ast 22 to 25 minutes.)

Transfer racks to a cutting board. over loosely and let stand 10 minutes.



Porcini Beef Tenderloin, as an alternative to lamb.

Meanwhile, microwave port sauce on High until hot, 1½ to 2 minutes. Cut up remaining 2 tablespoons butter and whisk into hot sauce. To carve racks, cut slices between rib bones. Serve with port sauce. Makes 8 servings.

For beef tenderloin: Arrange oven rack in center of oven; heat oven to 425°F. Process *only 1 package (.35 oz.) dried porcini mushrooms, 1 teaspoon salt* and *¾ teaspoon pepper* to a powder. Rub over all sides of beef. Roast tenderloin 35 minutes, until an instant-read thermometer inserted into center of beef registers between 120°F. and 125°F. Cover tenderloin tightly with foil and let stand 10 minutes before carving. (Temperature will rise to 135°F. to 138°F. for medium-rare.)

* DUCK AND VEAL DEM[illegible] RACKS OF [illegible] 800-327-8246

Per serving (lamb): 450 calories, 34 g total fat, 15 g saturated fat, 104 mg cholesterol, 1,073 mg sodium, 12 g carbohydrates, 22 g protein, 34 mg calcium, 1 g fiber

Per serving (venison): 380 calories, 11 g total fat, 5 g saturated fat, 202 mg cholesterol, 1,095 mg sodium, 12 g carbohydrates, 54 g protein, 25 mg calcium, 1 g fiber

Per serving (beef tenderloin): 580 calories, 42.5 g total fat, 17.5 g saturated fat, 136 mg cholesterol, 940 mg sodium, 11 g carbohydrates, 36 g protein, 25 mg ca[illegible]; 1 g fiber

CREAMY CHIVE POTATO CAKES

Here's the ultimate side dish—mashed and diced Yukon Gold potatoes, goat cheese and sour cream, shaped into cakes and baked until golden and crisp.

Prep time: 1 hour 15 minutes plus chilling
Baking time: 36 to 38 minutes
EASY

2 pounds Yukon Gold potatoes, peeled
Salt
4 ounces goat cheese (such as Montrachet), crumbled
3 tablespoons snipped fresh chives
2 tablespoons butter or margarine, melted
2 tablespoons sour cream
¾ teaspoon salt
¼ teaspoon freshly ground pepper
6 teaspoons olive oil, divided

1. Line a 9-inch square pan with plastic wrap, allowing a 6-inch overhang of wrap over two sides of the pan.
2. Bring potatoes, 1 tablespoon salt and cold water to cover to a boil in stockpot. Cook potatoes 30 to 35 minutes, until tender; drain. Coarsely mash half the potatoes in a bowl. Dice the other half and add to the mashed potatoes. Fold in cheese, chives, butter, sour cream, salt and pepper. Spread potato mixture into pan; fold overhang of plastic wrap to cover top. Refrigerate 3 hours, until firm.
3. Unmold chilled potatoes onto a cutting board; peel off plastic wrap. Spray a 2½-inch oval or round cookie cutter with vegetable cooking spray. Cut out 8 ovals of potato mixture. Press scraps together to form a ¾-inch-thick disk; cut out 4 more ovals. *(continued)*

LHJ SPECIAL OFFER



Cheers to Year 2000!

Toast the new century with commemorative champagne flutes. These glass Millennium 2000 Stems are a great party favor or hostess gift. The celebratory flutes add a perfect finishing touch to any historic event in 2000, including weddings, birthdays or anniversaries. Made in France, a set of four Millennium 2000 Stems sells for $23.95. Additional sets of four sell for only $15.95 (only $3.99 per glass!).

Elegant Entertaining



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Repeat, making a total of 16 cakes.

4. Heat 2 teaspoons oil in 12-inch nonstick skillet over medium-high heat. Cook one third of potato cakes, 3 minutes per side, until deep golden. Drain on paper towels. Repeat process 2 more times; cool. Transfer cakes to a jelly-roll pan. *(Can be made ahead. Wrap jelly-roll pan and refrigerate up to 24 hours.)*

5. Heat oven to 375°F. Bake potatoes (unwrapped if refrigerated overnight) 18 to 20 minutes, until heated through. Makes 16 potato cakes.

Per potato cake: 105 calories, 6 g total fat, 3 g saturated fat, 10 mg cholesterol, 311 mg sodium, 10 g carbohydrates, 3 g protein, 22 mg calcium, 1 g fiber

FRENCH BEANS IN SHALLOT BUTTER

You can find tender, pencil-thin haricot verts (ah-ree-koh VEHR), the French term for "green string beans," in the produce section of many supermarkets.

Prep time: 20 minutes
Cooking time: 5 to 10 minutes
EASY

1 pound French beans (haricot verts) or 1½ lbs. green beans*, trimmed
1 tablespoon butter or margarine
2 tablespoons minced shallots
¼ teaspoon salt
¼ teaspoon freshly ground pepper

1. Place steamer basket in a large saucepan; add enough water to reach just under the basket. Add beans to basket; bring water to a boil. Cover and steam beans 3 to 4 minutes, until tender-crisp. *(Can be made ahead. Immediately rinse beans under cold running water until cool. Wrap and refrigerate up to 24 hours. Return beans to room temperature.)*

2. Melt butter in large skillet over medium-high heat; add shallots and cook 1 minute. Add beans, salt and pepper. Cook 1 to 2 minutes more, until heated through. Makes 8 servings.

**Green beans:* Prepare recipe as directed, *except* steam beans 5 to 7 minutes and increase butter to 2 tablespoons, shallots to ¼ cup and salt to ½ teaspoon.

Per serving for French beans: 55 calories, 3 g total fat, 2 g saturated fat, 8 mg cholesterol, 180 mg sodium, 7 g carbohydrates, 2 g protein, 35 mg calcium, 2 g fiber

CONFETTI ICE-CREAM TOWER CAKES

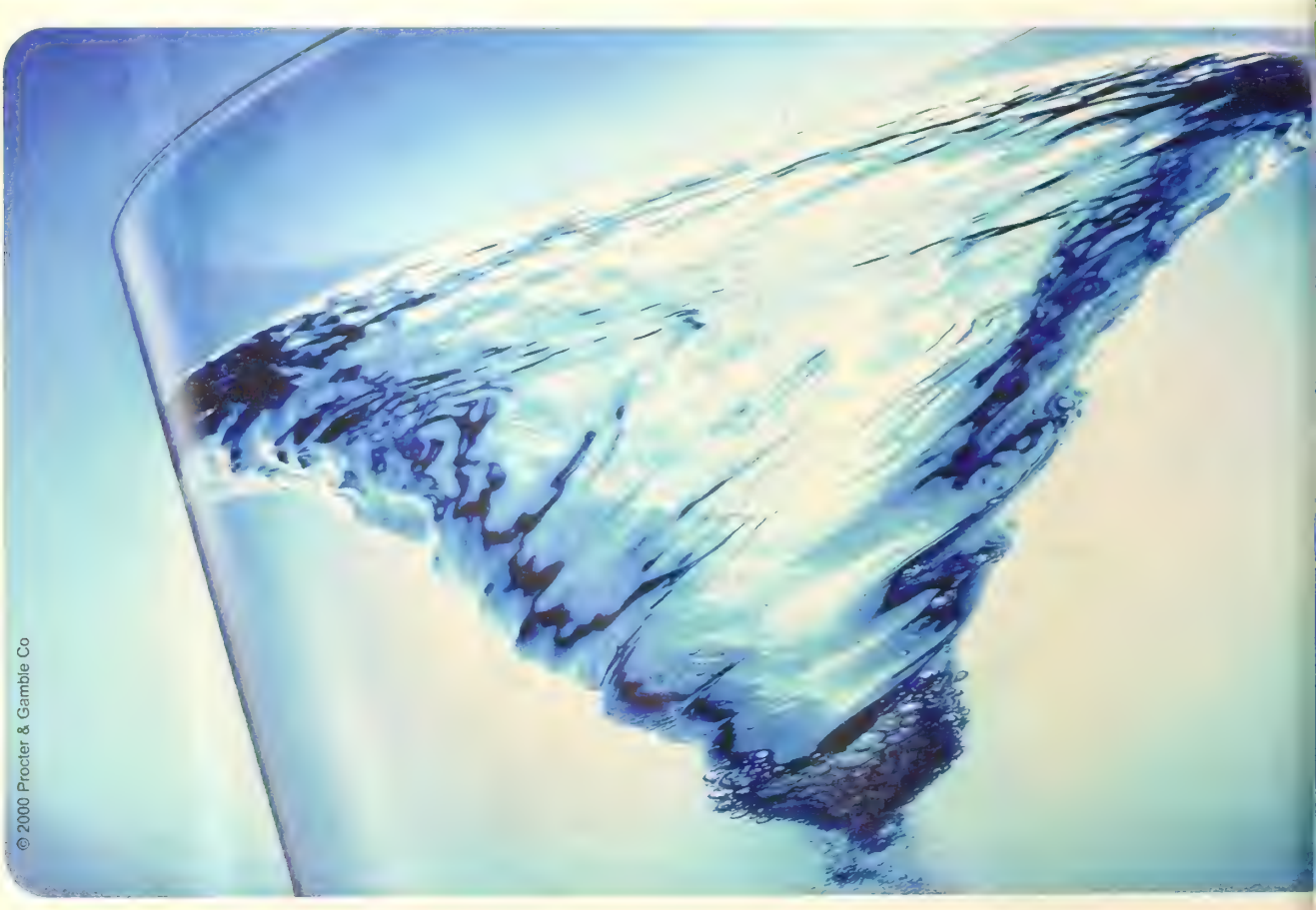
Indulgent But Worth It

This festive confection is truly specta ular. Ice cream, sorbet and cake a layered and frozen in eight metal ri molds (see our special offer page 116) or clean fruit cans, the topped with meringue.

Prep time: 30 minutes plus freezing
Baking time: 15 minutes
MODERATE

Cake
1 cup cake flour (not self-rising)
1 teaspoon baking powder
¼ teaspoon salt
½ cup butter or margarine, softened
¾ cup sugar
2 large eggs
2 tablespoons heavy or whipping cream
1 teaspoon vanilla extract
1 teaspoon grated lemon peel
1 tablespoon fresh lemon juice

1 pint raspberry sorbet
½ cup chopped toasted almonds
1 pint premium vanilla ice cream
1 pint passion fruit or mango sorbet



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MAKE OUR ICE-CREAM CAKES!

THESE ICE-CREAM TOWERS ARE EASY AS 1-2-3! JUST PLAN AHEAD AND FOLLOW THE DIRECTIONS BELOW

A. Cut out circles from yellow cake with metal ring or empty fruit can.
B. Spread softened ice cream over chopped almonds in metal rings.
C. Beat whites and sugar over simmering water until sugar dissolves.


A


B


C

, eringue

6 large egg whites, at room temperature

1 cup sugar

ıree Sauces

2 ripe mangoes, peeled and chopped

Sugar

2 tablespoons fresh lemon juice

½ vanilla bean, split

4 kiwi, peeled and cut up

1 bag (12 oz.) frozen strawberries, thawed

. *Make cake:* Heat oven to 350°F. ine a 15½x10½x1-inch jelly-roll pan ith foil, leaving a 1-inch overhang. Grease foil, then flour, tapping out excess. Whisk cake flour, baking powder and salt in bowl; set both aside.

2. Beat butter and sugar in mixer bowl until light and fluffy. Beat in eggs one at a time. Beat in cream, vanilla, lemon peel and juice, until well combined. At low speed, beat in flour mixture just until blended. Spread batter evenly into prepared pan. Bake cake until golden and toothpick comes out clean when inserted in center, 15 minutes. Cool on wire rack.

3. Using eight 2½x3-inch cake rings, or eight empty fruit cans (8½ oz. each) with tops and bottoms removed (for whole cake variation, see below), cut out 15 circles of cake (photo A). Reserve scraps.

4. Refrigerate raspberry sorbet 15 minutes to soften. Line a large jelly-roll pan with waxed paper; arrange rings on pan. Fit 1 cake circle in bottom of each ring or can; spread ¼ cup of raspberry sorbet on top of each circle. Divide and gently press almonds into sorbet. Place cakes in freezer. Refrigerate vanilla ice cream 15 minutes to soften. Spread *(continued)*

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Cascade
PURE RINSE
FORMULA

¼ cup softened ice cream on top of almonds (photo B). Return cakes to freezer. Refrigerate passion fruit sorbet 15 minutes to soften. Using scraps of cake, make one more cake circle; fit remaining circles on top of ice cream in each ring. Spread each cake layer with ¼ cup passion fruit sorbet. Cover cakes with plastic wrap and freeze overnight. *(Can be made ahead. Freeze up to 3 days.)*

5. *Make meringue:* Combine egg whites and sugar in large mixer bowl. Set mixer bowl over a saucepan halfway filled with simmering water. Whisk mixture until sugar dissolves (photo C). Remove mixer bowl from water and beat on medium-high speed, until stiff.

6. Fill a large pastry bag, fitted with a ¾-inch star tip (see offer, below), with meringue. Unwrap cakes, then decoratively pipe meringue on top of each cake. Freeze cakes 2 hours, until meringue has completely set. *(Can be made ahead. Cover cakes loosely and freeze overnight.)*

7. *Make Three Sauces:* Puree mangoes, 3 tablespoons sugar and lemon juice in blender until smooth. Transfer sauce to a bowl. Scrape seeds from vanilla bean; stir into sauce. *(Can be made ahead. Cover and refrigerate mango sauce overnight.)* Puree kiwi and 3 tablespoons sug just until smooth. (Tip: The seeds fro the kiwi can cause the sauce to becon bitter if overprocessed.) Transfer sau to bowl. Puree strawberries and 2 t blespoons sugar until smooth. Stra sauce through a fine sieve into a bow *(Can be made ahead. Cover and refrigera kiwi and strawberry sauces 4 hours.)*

8. Heat broiler. Transfer 2 cakes to cookie sheet; broil 8 inches from hea just until meringue is golden, 10 t 20 seconds. Immediately return cak to freezer; repeat with remainir 6 cakes, broiling 2 at a time.

9. Remove cakes from rings by gent pushing from the bottom cake layer each ring. *(Can be made ahead. Retu cakes to freezer and freeze up to 2 hours.)*

10. Place ¼ of each sauce in each 3 small resealable plastic storage bag cut a small hole in the corner of eac bag. Arrange cakes on eight desse plates; decoratively pipe the sauc around each cake. Serve with remain ing sauces. Makes 8 servings.

Whole cake variation: Prepare recipe directed, *except*: Peel off foil from cak

FROM THE LHJ KITCHEN

For making our Ice-Cream Tower Cakes (pictured on page 109), we recommend this exclusive set of eight stainless-steel commercial-grade cake cutter molds for both hot and cold use. These gourmet cutters can also be used for creating sandwiches and biscuits. The set of Eight Round Stainless Steel Cake Rings sells for $37.95.

Also helpful in making our Tower Cakes is the Ateco Decorating Set. This set consists of a plastic coupling attached to a 10-inch reusable decorating bag, six decorating tubes, and instructions. The multipurpose kit sells for $14.95.

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)etach the ring from an 8x3-inch springform pan. Using the bottom of he pan as a guide, cut out one 8-inch ircle of cake from the rectangle, start- g from one short side of the cake. ut out another 8-inch circle (you will ot get a complete circle, but that's ay). Reserve scraps. Reattach spring- rm ring and place pan on a jelly-roll n lined with waxed paper. Fit whole ke circle in bottom of springform n. Spread softened raspberry sorbet top of cake; sprinkle top with al- onds. Freeze as directed. Spread top ith softened vanilla ice cream. Using served scraps of cake, fit remaining rcle and scraps on top of ice cream yer. Cover with softened passion fruit rbet and freeze as directed. Decora- vely pipe meringue on top of cake.

r serving with 1 tablespoon of each sauce: 685 calo- s, 25 g total fat, 12.5 g saturated fat, 112 mg choles- rol, 337 mg sodium, 111 g carbohydrates, 9 g protein, 0 mg calcium, 2 g fiber

RUFFLES

What better way to end this most spe- al dinner than with a tray of ultra- nooth chocolate truffles?

Total prep time: 25 minutes plus standing and chilling

EASY

9 ounces semisweet chocolate squares, finely chopped
½ cup heavy or whipping cream
2 tablespoons Armagnac or brandy
½ cup plus 2 tablespoons sifted unsweetened cocoa, divided

1. Place chocolate in large bowl. Heat cream in small saucepan over medium heat, until cream just begins to come to boil. Pour hot cream over chocolate. Let stand 3 to 5 minutes. Stir until smooth. Stir in Armagnac.
2. Cool chocolate mixture to room temperature. Cover with plastic wrap and refrigerate until mixture holds its shape when rolled between hands, about 1 hour.
3. Line a jelly-roll pan with waxed paper; sprinkle top with 2 tablespoons cocoa. Place remaining ½ cup cocoa in bowl. Measure 1 level tablespoon of chocolate, roll into a 1-inch ball and arrange on prepared pan. Repeat. Lightly toss 3 to 4 chocolate balls at a time with cocoa in bowl, until coated, shaking excess cocoa back into bowl. Return to prepared pan and refrigerate, 30 minutes. *(Can be made ahead. Transfer truffles to an airtight container. Cover and refrigerate up to 2 weeks. Let stand at room temperature 15 minutes before serving.)* Makes 24 truffles.

Per truffle: 75 calories, 5.5 g total fat, 3 g [illegible] 7 mg cholesterol, 4 mg sodium, 8 g carbohydrates, 1 g protein, 9 mg calcium, 1 g fiber ■

Recipes by Jane Yeagdi Cochran and Cynthia DePew

Log on to LHJ Online at www.lhj.com/kitchen for festive recipe favorites, including Sautéed Shrimp Cakes, She-Crab Soup, Prime Rib with Horseradish Cream, and Christmas Cheesecake Bars and Pudding.

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French FRIES

These golden, mouthwateringly good homemade frites rival those at your favorite steakhouse. They're simply irresistible!

Fries served at home never seem to quite measure up to the crisp ones cooked in restaurants. But we've discovered the secret to fabulous homemade fries, and it's just a matter of the right ingredients and two simple tips. Begin with the spud of choice—russet potatoes, cut by hand into uniform strips. Soak the strips in cold water to remove starch (this helps increase the crispness quotient). Finally, the potatoes are fried not just once but twice in peanut oil because it has a light, clean taste and, unlike vegetable oil, it can withstand higher temperatures without smoking. The result? Fries that are tender and tasty on the inside, crispy but never greasy on the outside.

FRENCH FRIES

Prep time: 15 minutes plus chilling
Cooking time: 4 to 7 minutes per batch
EASY

2 pounds russet or baking potatoes, scrubbed
1 (24-oz.) bottle peanut oil
Kosher salt

1. Cut potatoes lengthwise into ¼-inch-thick slices. Stack 3 slices, then cut into ¼-inch-wide sticks (photo A). Transfer potato sticks to a large bowl; add enough cold water to cover. Repeat. Refrigerate potato sticks 2 hours. (*Can be refrigerated up to 8 hours.*)

2. Drain potatoes; transfer to a large jelly-roll pan lined with paper towels. Blot potatoes until dry.

3. Heat oil in a medium Dutch oven or deep fryer over medium heat to 325°F. Line another jelly-roll pan with paper towels. Place one fourth of potatoes in a frying basket or fine-meshed sieve; cook 2 to 4 minutes, turning occasionally, until potatoes are tender and edges are slightly crisp (potatoes should not be browned). Drain on paper towels on jelly-roll pan (photo B).

4. Heat oil over medium heat about 5 minutes, until temperature reaches 375°F. Heat oven to 300°F. Cook potatoes in batches 2 to 3 minutes, until crisp and golden (photo C). Transfer french fries to a cookie sheet and keep warm in oven. Repeat process with remaining potatoes. Sprinkle french fries with salt. Makes 4 servings.

Note: Oil can be used again for frying. Cool completely and strain through double thickness of cheesecloth. Cover and store at room temperature.

Per serving: 340 calories, 18.5 g total fat, 3 g saturated fat, 0 mg cholesterol, 293 mg sodium, 41 g carbohydrates, 4 g protein, 2 mg calcium, 4 g fiber ■

Recipe by Jane Yagoda Goodman



FRYING HIGH A. Cut potatoes lengthwise into ¼-inch-thick slices; stack and cut into strips. B. Fry potatoes in batches just until edges are slightly crisp (do not brown); drain on paper towels. C. Fry potatoes again in batches until crisp and golden; drain and serve.

YOU ASKED FOR IT


Wild Rice Fish Cakes

ar LHJ.
cently I had dinner at
Manhattan Beach Lodge,
Manhattan Beach, Min-
sota. A great fish and
ild rice cake was on the
nu, and I would love to
ve the recipe. Can you
p me? —Lois Walther
Murfreesboro, Tennessee

ILD RICE FISH CAKES

ok no further! These sa-
ry cakes feature wall-eyed
ce, a mild, delicate fresh-
ater fish found in the
idwest, but you can sub-
ute red snapper or orange roughy fillets with equally delicious results.

1. Bring *1 pound skinless wall-eyed pike, red snapper* or *orange roughy fillets* and *2 cups water* to boil in a 12-inch nonstick skillet. Reduce heat and simmer fillets 8 to 10 minutes, until cooked through. (If fillets are thick, turn halfway through cooking time.) Drain on paper towels; cool. Flake fish into small pieces with a fork.

2. Combine *½ cup* each *cooked wild rice, mayonnaise* and *plain dry bread crumbs*; *1½ teaspoons Old Bay Seasoning*; *1 large egg, beaten*; and *½ teaspoon* each *salt, pepper* and *dry mustard* in bowl. Stir in fish; cover and refrigerate 1 hour or overnight.

3. Line jelly-roll pan with waxed paper; sprinkle with *1 tablespoon cornmeal*. Shape fish mixture into eight ½-inch-thick patties. Transfer to waxed paper. Sprinkle tops with *1 tablespoon cornmeal*.

4. Melt *2 tablespoons butter* in a large nonstick skillet over medium heat. Cook fish cakes 3 minutes. Add *1 tablespoon butter* to skillet, turn cakes and cook 3 minutes more, until cakes are brown and heated through. Makes 4 servings. ■

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UTRITION GUIDE

lorie and nutrient analysis appears the end of each of our recipes to lp you plan well-balanced meals.

AILY GOAL

lories	2,000 (F); 2,500 (M)
tal fat	60 g or less (F); 70 g or less (M)
turated fat	20 g or less (F); 23 g or less (M)
olesterol	300 mg or less
dium	2,400 mg or less
rbohydrates	250 g or more
otein	55 g to 90 g
lcium	1,000 mg
er	20 g to 35 g



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(continued from page 60) loss is about two to six pounds. Once removed, fat cells never regenerate, but that doesn't give patients carte blanche to the Ben & Jerry's. "We can take a C body and make it a B body," says Stein, "but if you want to maintain that, you still have to be vigilant about working out and watching your diet."

Minus the excess fat on her hips, thighs, abdomen, upper arms and "bra-roll" area, Kerry was twelve pounds lighter. Her wallet lost weight, too: The procedure set her back about $6,000.

Patients can expect three to five days of aching and burning, and may have to wait up to a month before they can resume all their normal activities. "Was it painful? Absolutely," she says. "But I'd compare it to having a baby: When it's all over, you really have something to show for it. That first weekend at home, I put on these capri pants that I hadn't worn in years—which canceled out a lot of the pain!"

More important, though, the results went way beyond aesthetics. Now that her son is in preschool, Kerry has more time to head to the gym. She eats lots of fruits and vegetables and goes easy on the fast food. "You look so good it becomes easier to put down that candy bar," she says. "You want to protect your investment."

If she had it to do over, Kerry would opt for liposuction again "in a heartbeat. Some people would consider it selfish, but I don't see it that way at all," she says. "I'm giving my kids the best mother I can—with lots of stamina and self-esteem. Before I can be good for them, I have to be good for myself."

I BALANCED MY MEALS AND MY LIFE

At five-four and 140 pounds, Anissa Anderson Orr used to describe herself as "not fat, but not comfortable with my weight, either." The twenty-eight-year-old Houston public-relations account manager had little time to think about healthy eating, or to exercise. "I'm on call twenty-four hours a day, which means attending a lot of evening events where food is the focus," she says. To complicate matters, Anissa is a vegetarian, which limits her choices.

Determined to lose fifteen pounds sensibly, Anissa spoke to Anne Dubner, R.D., a Houston dietitian. She immediately put Anne on a twelve-week, 1,400-calorie-a-day eating plan, with 25 percent of calories from protein, 50 percent from carbohydrates and 20 to 25 percent from fat. The primary goal was to raise Anissa's nutrient IQ.

"A lot of vegetarians think that just because they aren't eating meat, it gives them a license to eat large quantities of other foods," Dubner says. But meat-free doesn't mean calorie-free.

Anissa quickly realized that her downfall was portion size. "What I considered an average serving size was really enough to feed two or three people," she says.



Smart, satisfying snacks were the key to paring pounds

Too wrung-out from work to prepare a healthy dinner, Anissa would often scarf down two bowls of high-fat cereal—the equivalent of a couple of pieces of cake. She began using measuring cups and spoons to dole out her food.

Anissa also needed to be smarter about stocking her refrigerator. Oddly enough, some vegetarians shortchange themselves on vegetables. Anissa started frequenting farmers' markets and expanded her meal repertoire.

In the frozen-foods aisle of the supermarket, Anissa discovered an array of meatless products—from vegetarian luncheon meats to tofu—that she had been overlooking. She was pleasantly surprised both by their convenience and tastiness.

To keep binges at bay, Dubner recommended allowing no more than four hours between meals and snacks. At her suggestion, Anissa stocked her desk with licorice, fat-free puddings and single-serving sticks of string cheese. Such satisfying indulgences help her pare calories without feeling deprived.

That's not to say that there weren't slipups. At one industry awards dinner, Anissa arrived famished—and prone to temptation. Her vegetable plate arrived glistening with oil; she ate it anyway, along with several pieces of bread and a fruit tart. But Anissa didn't sink into despair or guilt. She remembered what Dubner had told her: "Don't try to be perfect; just try for realistic."

Most important, Anissa learned that healthy eating isn't just about balancing the scale, but about balancing one's life, as well. Three months and fifteen pounds later, she started taking guitar lessons, buying new clothes, running five days a week and generally carving out more time for herself. "This really spurred some positive changes," Anissa says. "It's made me rethink what kind of person I want to be—which is about so much more than just losing weight." ■

Bonnie Miller Rubin is a reporter for the Chicago Tribune

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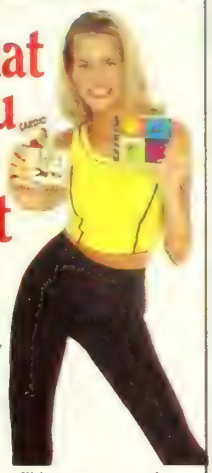
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Resolution: To Finally GET FIT

By Pamela Redmond Satran

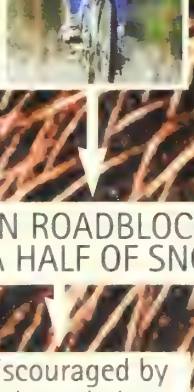
Are you going to enter the new millennium as a couch potato? Of course not! This year, you're really, truly going to begin a serious exercise plan. But making resolutions is one thing; sticking to them quite another. . . .

START HERE

NEW YEAR'S EVE, MIDNIGHT. YOU RESOLVE TO GET MOVING AND EMBRACE LIFE AS A JOCK.

START HERE

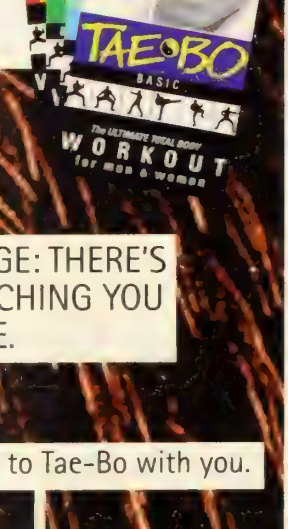
YOU LOVE BEING OUTDOORS, SO YOU INVEST IN A MOUNTAIN BIKE.



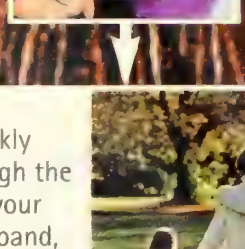
YOU JOIN A GYM, ON THE THEORY THAT THE MONTHLY FEE WILL KEEP YOU MOTIVATED.

You can't stick to a rigid schedule and don't want anyone watching you exercise.

SOLUTION: A TAE-BO TAPE TO USE AT HOME.



Feel daunted by crowds, time pressures, and 22-year-old Barbie look-alikes in hot-pink spandex.



UNFORESEEN ROADBLOCK: A FOOT AND A HALF OF SNOW.

DISADVANTAGE: THERE'S NO ONE WATCHING YOU *NOT* EXERCISE.

Not discouraged by ice and 18°-below wind chill, you invest in cross-country skis.

Invite a buddy over to Tae-Bo with you.

SPRAIN WRIST. SNOW MELTS.



Settle on a thrice-weekly walk through the park with your friend, husband, child, dog or self. Succeed in keeping both your resolution and your sanity.



DISCOVER THAT WORKOUT INTERFERES WITH CONVERSATION.

PHOTOS: BIKE: INDEX STOCK IMAGERY; WOMAN: MARY BOSTED/INTERNATIONAL STOCK; TAE-BO: COURTESY OF BILLY BLANKS

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JOURNAL

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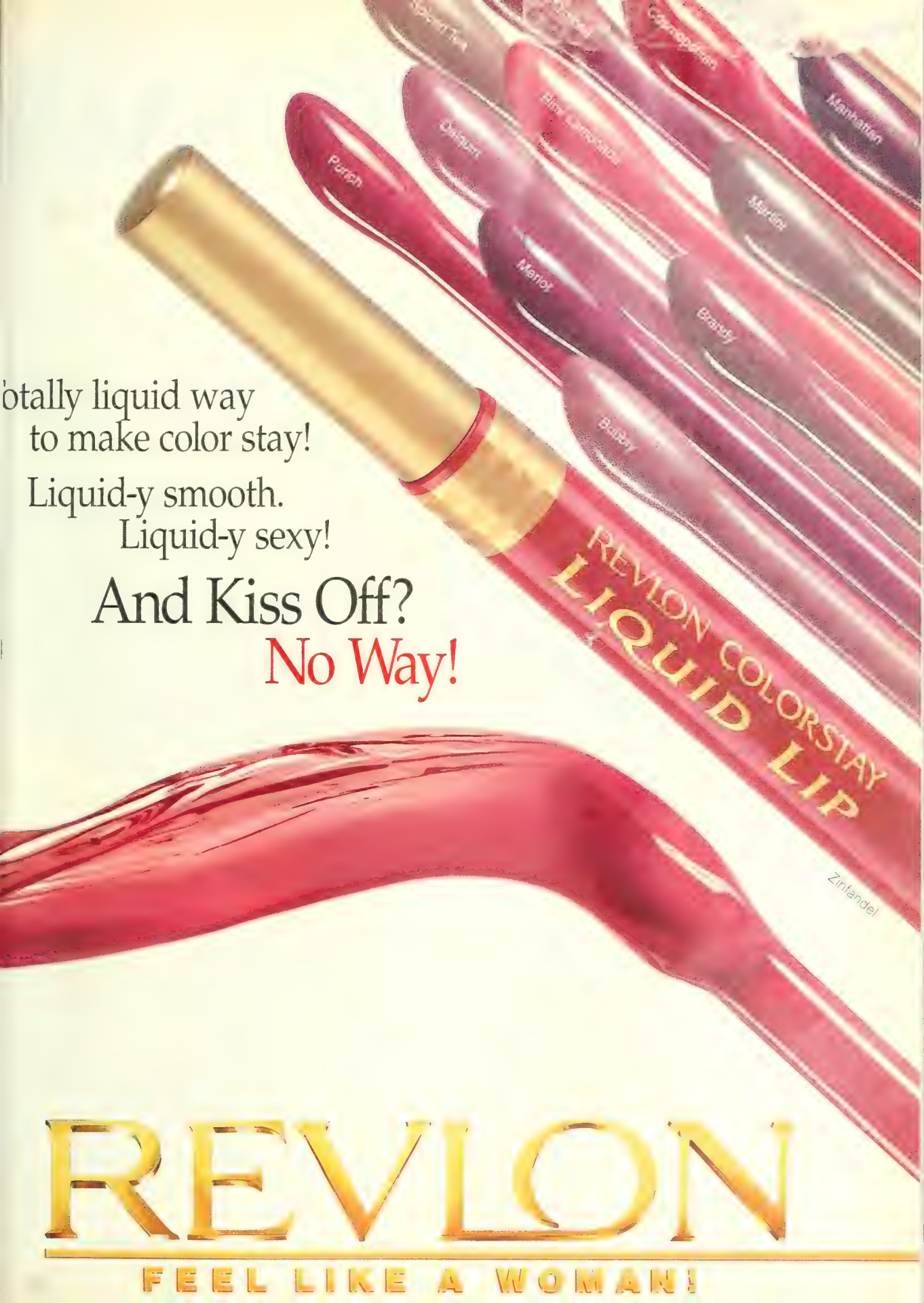
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LADIES' HOME
JOURNAL
February 2000

On the Cover

40 HOW DOCTORS HEAL THEIR KIDS When it comes to soothing their children's tummy aches, sniffles and fevers, these physicians pull some creative cures and soothers out of their medical bags. By Constance Costas

65 THE BEST CITIES FOR WOMEN This year, we rate America's biggest towns based on where they stand right now—and on where they'll be in the future. Produced by Margot Gilman

112 EAT SMART Foods to improve your memory and sharpen your mental skills. By Elizabeth Somer, M.A., R.D.

140 MORE THAN A FRIEND Lisa Kudrow talks about the surprising ways motherhood has changed her, and how she won her man. By Melina Gerosa Bellows

144 FAST, FASTER, FASTEST Daily timesavers to help you look your best in a flash. Plus, instant fixes for bothersome beauty problems, and fast-lane fashion solutions. By Lois Joy Johnson

150 "I *CAN'T* BE PREGNANT!" Each year in the U.S., millions of married women conceive children even though they aren't trying to. Why are there so many unplanned pregnancies? By Carol Lynn Mithers

152 MAKING THE BED The four-poster as masterpiece: A beautiful place to read, relax, snuggle or snooze. By Diane Dorrans Saeks

Love! Passion! Marriage!

A special Valentine's Day section full of romantic stories and ideas guaranteed to light a sensual spark.

122 THE MATCHMAKERS Sometimes, true love needs a little push—or even a big shove. How four couples were put on a romance collision course. By Nancy Kalish

130 BEHIND CLOSED DOORS Our new column takes a look at making love—and making it better.

132 "WHAT I DO TO LOOK GOOD FOR YOU" These couples know the secret to heart-stopping style starts with playing up what your honey likes about you.

136 THE DRESS OF MY DREAMS After shopping for a husband for years, this bride found the perfect wedding gown in just one day.

138 YOUR MAN Why absence makes his heart grow fonder (but not necessarily yours); and more.



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Health

56 LITTLE INFECTIONS THAT CAN KILL These illnesses can be major threats to your health. Learn how to protect yourself and your family. By Amy Zintl

93 HEALTH NEWS A new treatment for infertility; the truth about organic fruits and vegetables; can you lose weight on a french-fry diet?

People

26 FIRST PERSON "Help Me, Mom, I'm Hooked" When Tricia Hitchcock was thirteen, she was getting high off inhalants—and couldn't stop. As told to Geoff Williams

46 REAL SOLUTIONS "Wanted: A Job I'll Love" Meet three women who broke through the burnout to find the job of their dreams. By Bonnie Miller Rubin

104 ON MY WORST BEHAVIOR Parents are supposed to set a good example for their kids. But even the best of us sometimes act like real jerks. By Melinda Marshall

News

78 THE MYSTERIOUS MRS. BRADLEY The wife of former senator Bill Bradley is quiet about her private life. But she may soon hold one of the most public positions in America: First Lady. By Bernice Kanner

82 NO MORE BOYS' CLUB The women in this financial firm were sexually harassed, humiliated and paid less than their male colleagues—until they finally got fed up and made Wall Street pay. By Bernard Lefkowitz

Food

157 FOOD JOURNAL Three warm-you-up noodle soup recipes to clip, save and enjoy.

160 MEAT & POTATOES These great updates on a favorite dinner combo make steaks, chops, roasts and spuds more tasty and healthful than ever. By Jan T. Hazard

172 GUEST CHEF: CHOCOLATE CLOUDS Cookbook author Elaine Gonzalez shows off her elegant chocolate dessert recipe to make for someone you love.

176 RECIPE MAKEOVER: CAESAR SALAD The king of salads loses most of its fat, but none of its zesty flavor.

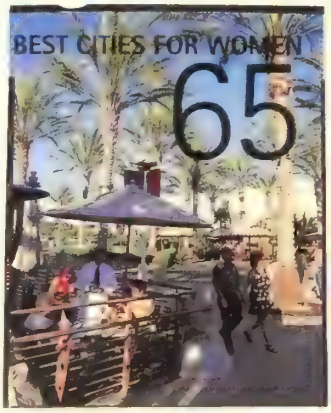
178 THE PERFECT CINNAMON ROLLS Adored for their aroma as much as for their taste, these cinnamon delights rise and shine above the rest.

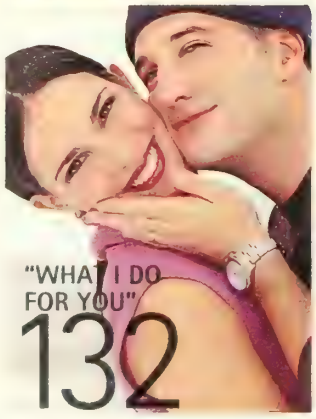
182 JUST DESSERTS: COCONUT CREAM PIE It's a seductively rich and sweetly comforting treat that's indulgent, to be sure, but oh-so worth it.

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185 INSIDE THE JOURNAL KITCHEN







ERNESTINE BRADLEY





In Every Issue

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10 CAN THIS MARRIAGE BE SAVED? "He Spends Too Much" By Margery D. Rosen

17 FEBRUARY JOURNAL News and views that are important to you.

20 BEAUTY & FASHION NEWS Brush up your makeup with these tips from the pros; dress-thin strategies; and more.

38 BLOOMBERG MONEY NEWS Information to know now, from picking the right HMO or mutual fund to lowering your taxes.

90 BALANCING ACT School is snowed out! What can working moms do in a child-care crisis?

120 GOOD TIMES Great ideas for Valentine's Day.

192 END GAME: WILL YOU EVER GET TIME ALONE? By Pamela Redmond Satran

177 THE SMART SHOPPER

LADIES' HOME JOURNAL online

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Riley Schear is a very lucky girl. Her pediatrician learned all about the oral health needs of infants through the Crest Smiles for Tomorrow Program – like how prolonged bottle-feeding can cause cavities. So he's thinking about how to take care of her teeth before she even has any. She may not look too happy about it right now, but give her a few years.

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LADIES' HOME
JOURNAL

DATE: 2/00
FROM: Myrna Blyth
RE: Predictions, passions and the perfect man

Recipes for romance and a guide to the best places to live



I thought I'd introduce you to some LHJ editors who have worked hard on the special features in this issue. Margot Gilman, our Lifestyle and Special Projects Editor, oversees our yearly report, "The Best Cities for Women," which is an LHJ exclusive. She spends months on the project, and this year Margot not only found the best cities right now but looked ahead to highlight the places that have the brightest futures. Margot told me, "I always thought that predicting the future was the domain of mystics and crystal-ball readers. Now I know that it's a serious science. For this year's feature, we teamed with expert prognosticators who consult with industry and governments to make predictions about things like crime rates and job growth. These projections have real validity because they're based on established trends and complex 'econometric models.' It's good to know that tomorrow is a time we can all really look forward to."

As for today, you may have noticed that we have a couple of new columns in LHJ. "Your Man" started a couple of months ago, and "Behind Closed Doors" makes its debut this month. Both are edited by Senior Editor Deborah Pike, who just happens to be a newlywed. Deborah says, "I hope these columns will help our readers understand their men and, especially, enjoy their marriages more." Entertainment Editor Melina Gerosa added Bellows to her byline when she was married in early December. In our special Romance section (page 122), she writes about her search for the perfect wedding gown. Melina also says she has spent years searching for the perfect man, and, hurrah, she's found him. And I hope your Valentine's Day is full of romance, too.







Our editors: Margot Gilman, city slicker; Deborah Pike, relationship reporter; Melina Gerosa, blushing bride

SOUND BITES

"I knew that you can die from huffing or sniffing. Every once in a while that would cross my mind, but I'd just laugh it off."

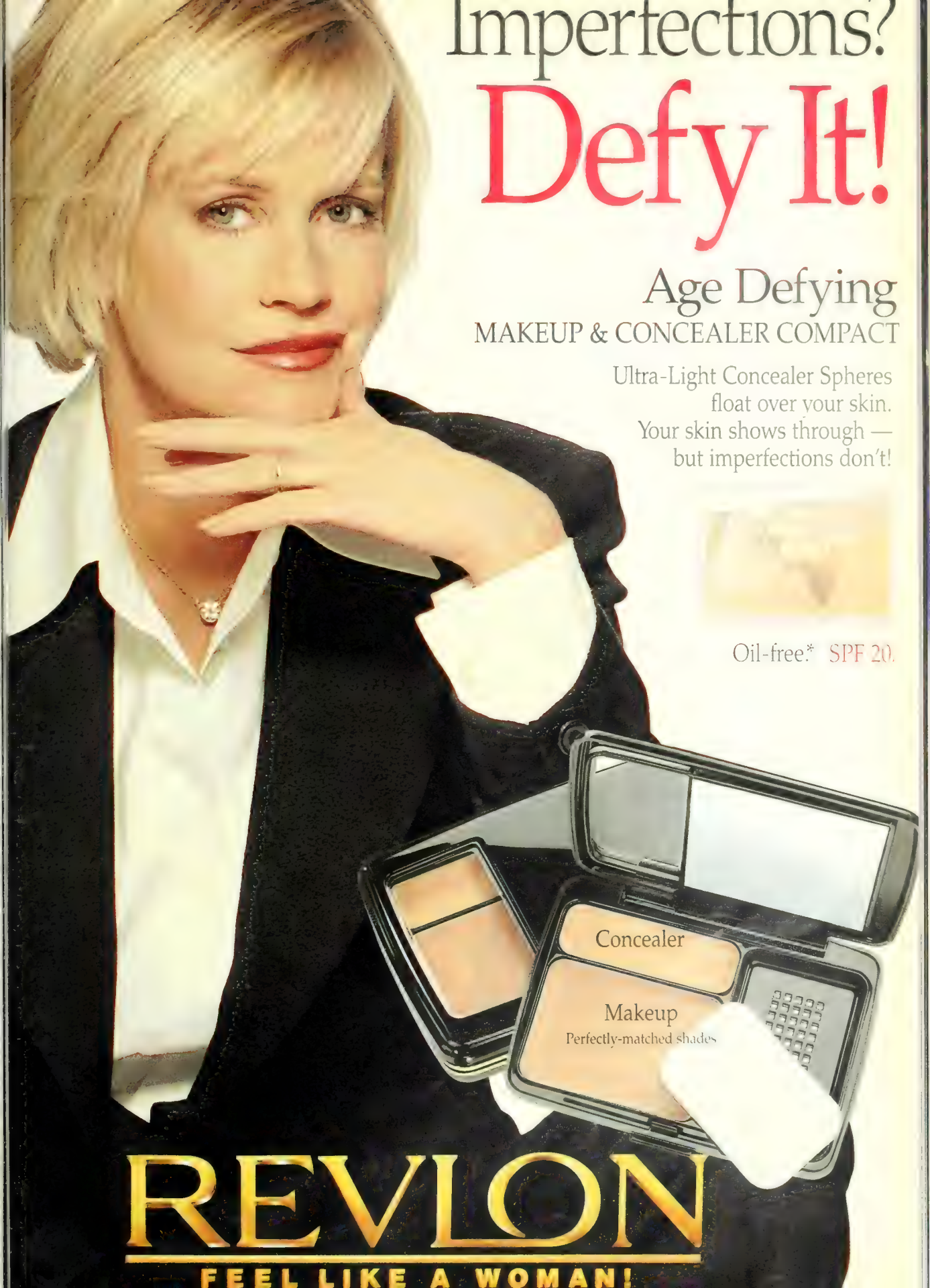
—Tricia Hitchcock, "Help Me, Mom, I'm Hooked," page 26

"Lisa is actively grateful about her opportunities and for her son and her husband. It's really nice to be around her."

—Meg Ryan on Lisa Kudrow, "More Than a Friend," page 140

"I see myself as an average voter. I get my information from standing in line at the supermarket, and listening to what people in my classes want."

—Ernestine Bradley, "The Mysterious Mrs. Bradley," page 78


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BERT SPERLING

OCCUPATION: Head of Fast Forward, a demographics consulting firm in Portland, Oregon

ASSIGNMENT: To crunch the numbers for LHJ's third-annual "The Best Cities for Women" report (page 65)

SURPRISE: His favorite city, Boston, ranked only 111 out of 200.

"It always amazes me what real people will do in front of the camera"

—Photographer Charles Harris, who shot "What I Do to Look Good for You" (page 132)





CONSTANCE COSTAS

Says the author of "How Doctors Heal Their Kids" (page 40), "Writing this article gave me the confidence to trust my own instincts the next time my children get sick. Parents tend to run straight to the doctor, even for the sniffles. We forget about good old commonsense healing."

DAVID HARRISON

ASSIGNMENT: To photograph First Lady hopeful Ernestine Bradley (see "The Mysterious Mrs. Bradley," our exclusive interview on page 78)

CONNECTION: "My mother died of breast cancer four years ago, so I jumped at the chance to help tell the story of a breast cancer survivor and advocate."





"It's hard to understand how these men could behave so terribly toward women"

—Bernard Lefkowitz, author of "No More Boys' Club" (page 82), about sexual harassment on Wall Street

LADIES' HOME JOURNAL

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"He **SPENDS** Too Much"

THIS MONTH'S CASE

CHARLIE loved to treat his family and friends to expensive gifts and costly dinners; **TERRY** worried about keeping up with the bills. But their money wars reflected far deeper fears and insecurities **By Margery D. Rosen**

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Susan Demosthenous, C.S.W., a therapist in Merrick, New York. The story told here is true, although the names and other details have been changed to conceal identities.

TERRY'S TURN

"Charlie has always had champagne taste and a beer budget, but this tops everything," said Terry, an at-home mother, clenching her hands nervously. "He knows how I worry about money, yet he just threw a very expensive party in a fancy hotel suite for my thirtieth birthday.

"When I flipped on the lights, there were twelve of our friends yelling, 'Surprise!' Charlie had arranged a buffet, a cake and champagne. I was very touched—until I started calculating the bill. 'This must have cost a fortune,' I whispered to Charlie. 'You're worth it,' he said, hugging me.

"I know I must sound hideously ungrateful. Charlie's a romantic man who's always doing thoughtful things for me and our two little girls, Erica and Brittney. And I love him for it. But I don't need a four-star hotel or a gourmet dinner to make me feel good. We simply can't afford it.

"I'm tired of fighting with Charlie. Every month when I sit down to pay the bills, I get panicky. We pay only the minimum on our credit cards, so we owe a ton in interest. I feel calmer and in control when I can keep track of finances down to the penny. Charlie, on the other hand, has no idea how much we have in our joint checking account.

"I know Charlie always dreamed of owning his own business. But the electronics store he part-owns and manages barely breaks even, and since it's so small, we don't have health insurance or a pension plan. I used to be an executive administrator for a catalog company, but I left five years ago, after Erica was born. I did the math, and even if I went back to work part-time, all my salary would go toward child care.

"You can't spend money you don't have. For Valentine's Day two years ago, Charlie bought us matching leather jackets. They looked great, but they were totally frivolous. Last year, he bought a brand-new sport-utility vehicle without consulting me. Of course, we had to sell it because we couldn't make the payments.

"I've always had to be careful about money. When I was four, my alcoholic father walked out on us, leaving my mother and grandmother to raise me. Mom, a dental hygienist, had a string of boyfriends, all unreliable. I learned my lesson early: You can't count on a man, so you'd better *(continued)*

"CAN THIS MARRIAGE BE SAVED?" IS A REGISTERED TRADEMARK OF MEREDITH CORPORATION.

ALL PHOTOS: MICHELLE McCABE


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"Charlie's always doing thoughtful things, and I love him for it," said Terry. "But he spends money we don't have"

(continued) learn how to survive on your own, or else.

"I was waitressing at a diner to pay for college—I have a degree in business administration—when I met Charlie. He used to come for lunch every day and draw me into conversation. He can be so funny, charming and thoughtful, it was easy to fall in love with him. I didn't think much about his spending habits then; it just seemed nice that he picked up the check when we went out with friends.

"We agreed that I would quit my job after we started a family. Much as I enjoyed working, I loved being there to watch Erica and Brittney, who's now three, grow up.

"Back then, Charlie was working for a general contractor and making pretty good money. But he got tired of reporting to other people, so he quit. I wanted him to be happy, but not having a regular paycheck made me anxious. Now Charlie has the store, though he's not really cut out for management—he's too nice. He pals around with his employees; then if they slack off or miss work, he doesn't feel right about reprimanding or firing them.

"Charlie has the same careless attitude about everything. Our landlord gives us a break on the rent when Charlie does repairs on our house. He'll begin to replace the siding, or paint a room, and then quit halfway through.

"What happened two weeks ago was the last straw. Charlie got home late, exhausted and depressed, then began going on about some new business scheme. I was tired, too, and I said, 'Charlie, I can't listen to this. You've got to get a real job.' He stormed out of the room, packed a bag and flew to Florida for a week!

"He just doesn't get it—and I'm worn out from trying to make him come to his senses."



CHARLIE'S TURN

"Terry doesn't talk—she lectures," said thirty-one-year-old Charlie, shifting uncomfortably in his seat. "I love her, but I don't know if I'm *in* love with her anymore. She makes me feel like a loser. That's why I went to Florida; I had to get far away to empty my mind and calm down. Okay, it was a rash move, but I had hit bottom. I'm so stressed lately that just hearing my kids play too loudly can make me lose it.

"When I first met Terry, she was so sweet and encouraging—a far cry from the woman she's become. Her reaction to the surprise party was so typical. She can't lighten up and enjoy herself, even on her own birthday. I wanted to do something special, but she used it as yet another weapon to humiliate me. I can never win.

"Terry is forever harping on me about the home repairs. I recommended aluminum siding to our landlord because it's practical and lasts a lifetime, but Terry thought it looked cheap. Maybe that's why I don't seem to be able to finish those projects. Why should I even try if I can't make her happy?

"Unlike my wife, I had a pretty contented childhood. My mom stayed home with my older brother and me, and my father worked for the same clothing manufacturer for thirty years. We didn't have very much when I was growing up, but I never felt deprived.

"In high school, I dreamed of becoming a Major League Baseball player. The coach told my folks I had enough talent to try out for the state team. But things didn't work out—something to do with the expense and Dad having to take time out from work to drive me to the away games. After a while, I grew more interested in girls than in sports.

"There was only one time when I know I disappointed my mother and father. I dropped out of college to get a job—I was never a great student—and then moved in with a woman whose religion was different from ours. My parents were so upset, they didn't talk to me for almost a year. After my girlfriend and I broke up, though, everything was fine, and Mom and Dad never said a word about the way they'd acted.

"In fact, I don't recall ever hearing my *(continued)*



999 Chesebrough-Pond's USA

(continued) parents argue. Maybe that's why I'm so shocked by the way Terry and I get caught up in these stupid fights about money. Neither of us knows how to put the brakes on. We've never been as desperate as Terry makes us sound—she exaggerates everything. It's not like we're headed for bankruptcy. I know I've changed jobs a lot, but I've always found something else, and Terry's so happy being home with the girls that I'd rather not see her go back to work. It would be nice if she had some faith in me. Instead, she shoots down all my ideas.

"Yes, I appreciate having certain things. I work hard, and I don't see the point in pinching pennies. If we go out to dinner with friends, I shouldn't have to catch hell for picking up the check once in a while. If my daughter wants a pack of Pokémon trading cards, I'll spend the four bucks. That doesn't mean I'm not concerned about bigger issues. I know we need health insurance, but I also believe that things will come together one day soon.

"I've always wanted to own a business, but this past year at the store has been the worst. I'm burned out. I want to spend more time with my daughters, but I'm putting in over eighty hours a week with no vacation days. Maybe Terry's right; I'll never be a success. Is the only answer going to work for a big company, where I'll be a nobody? Do I have to give up my dream for the sake of a benefits package?"

"Terry came to the last session with two plane tickets. 'We're going to Puerto Rico!' she announced. 'We've saved enough, so we deserve a little treat' "

THE COUNSELOR'S TURN

"Although money is a major trigger for marital discord, it can also mask other important issues," said the counselor.

"For Terry, money represented the emotional support and trust she never had as a child. Deep down, she didn't believe she deserved nice things. Abandoned by her father, Terry projected her distrust of men onto Charlie.

"Though Charlie did have an impulse-spending problem, he was right when he said Terry tended to magnify problems way out of proportion. I gently pointed out to her that she could have set up a savings plan herself, rather than waiting for her husband to do it. Terry admitted that they weren't really in dire financial straits, and that she was being too critical of her husband.



"Charlie approached money with an I'll-worry-about-it-tomorrow mindset. However, spending did little to boost his sense of self-worth. Charlie got the unspoken message from his parents that his needs didn't matter and that there was no use discussing anything that was important to him. As a result, he didn't know how to express his feelings.

"Before working on this, however, I suggested Terry and Charlie join the gym at the YMCA, or go bowling once a week—fun, relatively cheap, stress-busting activities that would help them focus on the pleasurable aspects of their relationship. Sure enough, they began to fight less and laugh more.

"At this point, we were able to start honing their communication skills. 'No matter how good your ideas are,' I explained to Terry, 'Charlie will tune you out if you nag or belittle him.' She worked hard to take the scolding tone out of her voice, and to stop assuming that none of her husband's ideas could possibly work.

"To address the money issue, I suggested they attend a free seminar on money management offered by one of the local banks. The seminar leader helped them get their budget in order. They also learned that paying even just a little more than the minimum balance on their credit cards each month would help them get out of debt much sooner and avoid high interest payments.

"Budget in hand, Charlie and Terry discovered that it wasn't as hard as they'd feared to start putting aside money while still keeping up with the bills. Charlie also promised not to charge any more big-ticket items without talking to Terry first.

"Charlie is still at the store, but he's looking to sell his share and find a contracting job with a construction firm. He hasn't ruled out opening another business later on. Next year, when Brittney is in nursery school, Terry plans to work part-time in catalog sales, which will further ease their money worries.

"Terry came to our last session with two airplane tickets. 'We found these low fares on the Internet, so Charlie and I are going to Puerto Rico for a long weekend!' she announced. 'We've saved up enough, so I think we deserve a little treat.' Now that these two are back on track, neither one feels shortchanged about money." ■

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CALENDAR

FEBRUARY 2 Today's the day Punxsutawney Phil, the Pennsylvania groundhog who was featured in Bill Murray's hit movie *Groundhog Day*, determines whether there will be six more weeks of winter. Unfortunately, it turns out that Phil is a less-than-reliable forecaster, despite his celebrity status. To date, his predictions have been right only 39 percent of the time.

FEBRUARY 9 Attention, moms of sports-minded daughters: To mark **National Girls & Women in Sports Day**, groups such as the Girl Scouts will be hosting athletic events (from aerobics to scuba diving) for girls around the country. Call the Women's Sports Foundation (800-227-3988) or your nearest Girl Scouts chapter for local event information.

FEBRUARY 29 Here's a once-every-four-years opportunity you shouldn't let slip: **Sadie Hawkins Day**, the day single women have traditionally been able to ask men for their hand in marriage. You say you've already found your mate? We say: Think up some other juicy request. Tell him you read in *Ladies' Home Journal* that on this day of all days, he's not allowed to refuse (hey—it might work!). —Alison Calabia



The fight over Baby Jessica has claimed the marriages of both her adoptive parents (below) and her biological parents



FOLLOW-UP:
BABY JESSICA TURNS NINE

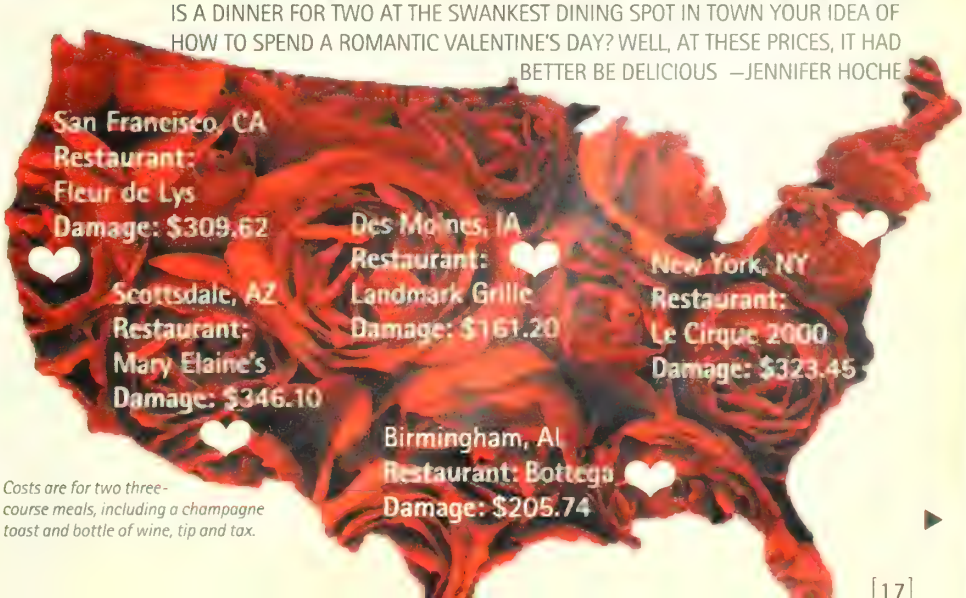
It was one of the country's most wrenching adoption custody battles. In 1993, the nation watched as a screaming Baby Jessica was taken from her adoptive parents, Jan and Roberta DeBoer, and returned to her biological parents, Dan and Cara Schmidt. Now, both couples are dealing with more legal woes—this time in divorce court. Last October, the DeBoers ended their seventeen-year marriage, citing the strain of the two-and-a-half-year case. They released a statement saying, "The loss of our daughter was more than our marriage could handle."

That same month, Cara and Dan Schmidt, Jessica's birth parents, also announced their plans to divorce. According to reports, the couple have been separated since early summer. Says Randy Schultz, Dan's brother-in-law, "It's a real trying time" for the family.

Jessica, now renamed Anna, turns nine this month and is reportedly thriving. She and her sister, six-year-old Chloe, are said to be living primarily with their father. Dan Schmidt has said that Anna has no memory of the battle that once raged around her. —Christine Many

AMERICAN SNAPSHOT:
THE HIGH COST OF ROMANCE

IS A DINNER FOR TWO AT THE SWANKEST DINING SPOT IN TOWN YOUR IDEA OF HOW TO SPEND A ROMANTIC VALENTINE'S DAY? WELL, AT THESE PRICES, IT HAD BETTER BE DELICIOUS —JENNIFER HOCHE



Costs are for two three-course meals, including a champagne toast and bottle of wine, tip and tax.

PULSE

WHICH DO YOU THINK ABOUT MORE, **FOOD** OR **SEX**?



FOOD: **57%**
SEX: **43%**

BASED ON RESPONSES TO A QUESTION POSTED ON *LADIES' HOME JOURNAL'S* WEB SITE, *WWW.LHJ.COM*



JAMA



Catherine De Angelis, M.D., is the first female editor of *The Journal of the American Medical Association*

NEVER UNDERESTIMATE THE POWER OF A WOMAN®

At age four, Catherine De Angelis informed her parents she wanted to be a doctor. "It never occurred to me that I couldn't be anything I wanted to be," she says. That confidence paid off. Last fall, De Angelis, a professor of pediatrics and a vice dean at Johns Hopkins University, in Baltimore, was named the new editor of *The Journal of the American Medical Association*—the first female to head the publication in its 116-year history.

De Angelis, 60, sees the job as "a great bully pulpit." Among her goals: publishing more articles on women's and children's health. She also hopes more women will follow her lead. "It's important to have a woman as editor of a [major] medical journal," she says. "Now let's get a bunch more." —Mary Mertz

10 THINGS TO KNOW ABOUT KISSING

1. **Record romancing** The longest kiss was by Mark and Roberta Griswold of Allen Park, Michigan, who kissed continuously for 29 hours at the "Breath Savers Longest Kiss Challenge" in New York City on March 24 to 25, 1998.
2. **Make-out workout** A passionate kiss uses up 6.4 calories per minute.
3. **Oooh! Germs!** During a kiss, as many as 278 colonies of bacteria are exchanged.
4. **Road testing** The average American woman has kissed 79 men before she is married.
5. **Sexiest screen smooches** According to a Gallup poll, the hottest kisses take place between Clark Gable and Vivian Leigh in *Gone With the Wind*.
6. **You may kiss the bride** The nuptial kiss at the altar began during Roman times as a symbol of the spiritual union between bride and groom, who exchanged "the breath of life."
7. **Slip of the tongue** The term "French kiss" came into use in prudish America in 1923 as a slur on French culture, which was thought to be shockingly oversexed.
8. **When in France** don't call it a French kiss at all. The proper, more titillating term: a "tongue kiss" or "soul kiss."
9. **Kissing cousins** Ninety percent of the people of the world engage in kisses on the lips, anthropologists say. Some other cultures, such as Eskimos, use the "smell kiss"—rubbing noses.
10. **Lip Smackeroos** A lipstick imprint of a kiss made by Mick Jagger's mouth once sold for $1,600. —Jeannie Ralston

WORDS FOR THE WISE

IF THERE ISN'T A WAY TO SAY WHAT YOU MEAN, THERE JUST MAY BE ONE SOON. HERE, SOME NEW WORDS, OR NEOLOGISMS, BREAKING INTO POPULAR USAGE:

411: the information ("What's the 411 on the new neighbors?")
and a half: used to describe something that exceeds the ordinary ("That sweater is cute and a half on you.")
digerati: like glitterati and literati, but applied to the digital/Internet world ("My husband created his own home page, and now he fancies himself part of the digerati.")
prebuttal: a statement made by a political candidate in anticipation of an accusation ("By way of prebuttal, Senator X made public his high-school transcripts.")
screenagers: techno-savvy young people, reared on TV and computers ("My son the screenager taught me how to get online.")
stalkerazzi: tabloid journalists who pursue celebrities night and day ("The police had to come at three A.M. to clear the stalkerazzi from the actress's driveway.") —Sarah Smith



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beauty & fashion news



ON TREND

RED RULES

RED LIPSTICK IS HOT, HOT, HOT AGAIN, BUT THE MODERN WAY TO WEAR IT IS TRANSLUCENT AND SOFT. WE ASKED SONIA KASHUK, CREATOR OF SONIA KASHUK PROFESSIONAL MAKEUP AT TARGET, TO SHOW US HOW TO SWIPE ON THIS SOPHISTICATED STAINED POUT

- Use a lip brush to control the intensity of color; it will help you spread the thinnest possible film of pigment.
- Start by dabbing the lip brush on your lipstick to get a small amount of color onto the brush. Apply to the center of your lips; work color out to mouth corners, stopping just inside lipline.
- Finish by blending with your finger, melting the edges away.

BARGAIN BEAUTY

LUXE LASHES



You baby your hair with conditioners; now you can give your lashes a nourishing treat, too. Maybelline's Full N' Soft Mascara not only grants clump-free rich color that stays put for eight hours, it contains conditioning ingredients—vitamin E, panthenol and ceramides—that are common in hair products. And here's another eye-opener: It costs just $6.25.

MORE BEAUTY, LESS EFFORT

HAIR REPAIR

After seasons of blow-drying tresses into sleek, straight styles, it's no wonder we have split ends. Luke O'Connor, the stylist who battles bad hair days on the set of Suddenly Susan, *knows how to make any mane look magnificent. His one secret weapon: A product that contains silicone—a pomade if hair is very short, a spray if it's long or baby-fine—to bond ends, help the cuticle lie flat for smoothness and impart serious shine.*

NO PROBLEM

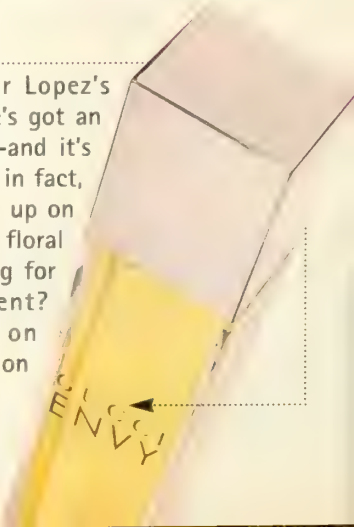
FINALLY, SOMETHING THAT DOESN'T JUST CONCEAL BUT MAY ACTUALLY GET RID OF DARK UNDEREYE CIRCLES: TOPICALLY APPLIED VITAMIN K HAS LONG BEEN USED BY DOCTORS TO MINIMIZE BRUISING BECAUSE IT'S BOTH AN ANTIOXIDANT HEALER AND A BLEACHING AGENT. NOW YOU CAN FIND IT IN EYE CREAMS SUCH AS ST. IVES DARK CIRCLE DIMINISHER.

CELEB PICK



JENNIFER LOPEZ

We might envy Jennifer Lopez's glamorous career, but she's got an envy of a different kind—and it's called Gucci. So much so, in fact, that she reportedly stocks up on several bottles of the lush floral fragrance at once. Looking for your own signature scent? Always test fragrance on your own skin; never rely on scent strips.





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Brushing Up

Sure, makeup artists are talented, but they also tote the right tools for the job—and that means an arsenal of brushes. Here, which brush to use where, to help you make up like a pro

FACE • (1) A dome-shaped blush brush with extra fluffy bristles diffuses loose face powder best. Max Factor's Blush Brush, $4.10. • (2) Use a blunted brush to blend color into cheek apples. Shu Uemera brush 20BL, $23. • (3) Use a flat, nylon-bristle foundation brush to blend liquid makeup streak-free. Trish McEvoy brush 43, $25. • (6) A fan brush blends shimmer powders lightly on cheekbones. BeneFit brush 06, $16. • (10) A tapered synthetic brush helps you precisely tap concealer onto blemishes, in crevices around nose and at inner eye corners. Laura Mercier's Secret Camouflage brush, $25.

EYES • (4) A fluffy brush with long, soft bristles gives a sheer eyeshadow application. T.i.m.e. Eye Shadow Brush, $7.50. • (5) Define liquid eyeliner in a dramatic streak applied with an angled fine-tip brush. BeneFit's Get Bent brush, $13. • (11) Use a flat, broom-shaped brush to apply powder shadow at lashline. Estée Lauder's Eyelining Brush, $12.50. • (12) Arc-shaped bristles help you apply shadow to crease of lid. Elizabeth Arden Eye 2, $30.

BROWS • (7) Use a firm spiral shape to blend brow pencil. MAC brush 24, $5. • (8) A stiff wedge brush deposits brow color accurately. Bobbi Brown Essentials brush, $18.50. • (9) A comb/brush set grooms lashes and brows. Revlon, $4.

GERM WARFARE Bacteria buildup on brushes can cause blemishes, so be sure to follow this clean routine from makeup maven Trish McEvoy (above): Wash brushes once a month by swishing them in a cup filled with warm water and a drop of baby shampoo. Rinse; squeeze out excess water carefully to retain shape. Lay brushes flat on a towel to air-dry overnight; fluff in the A.M.

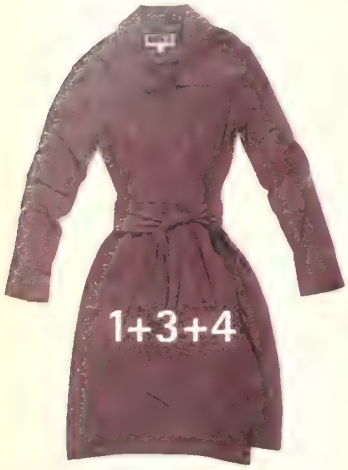

What is the
world's #1
anti-wrinkle
treatment?

POUND-PARING STYLE

The scale may not register the number you want it to yet, but while you're on the way there, these easy pieces can add up to a thinner-looking you



A structured denim wrap skirt makes tummy, hips and thighs disappear



A wrap dress in a solid color whittles your waist, defines curves

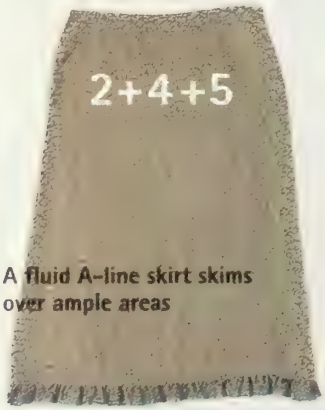




A boatneck tunic strengthens your shoulderline to balance wide hips and thighs



The deep V-neck creates an optical illusion to draw eyes away from a pear-shaped bottom



A fluid A-line skirt skims over ample areas



Flat-front boot-cut pants lengthen legs while hiding your tummy



Worn untucked, a tailored button-down shirt with stretch hides a thick middle and heavy hips

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When I was thirteen, I started getting high off inhalants—and I couldn't stop

By Tricia Hitchcock, as told to Geoff Williams

"Help Me, Mom, I'm **HOOKED**"

I was thirteen when I first sniffed paint fumes. At the time I was very unhappy. My parents had divorced when I was two months old, and my father lived in Florida—hundreds of miles from my home in Lebanon, Ohio. I wondered why he had abandoned me.

I lived with my mom and my stepfather, Bill, who already had a son. My mom and Bill had started dating when I was five years old. Bill could sometimes be controlling, but he was also caring.



With my stepbrother and grandparents before my addiction

Before my first experience with inhalants, I never skipped school, I got A's and B's, and I was a cheerleader. The summer after seventh grade, I tried cigarettes and tasted beer, but my parents had no reason to worry: I didn't drink, and I had never taken drugs.

Everything changed one day when I was at my grandparents' appliance store. I was in the back room with one of my relatives, who was older than me. We were joking around, and she picked up a bottle of touch-up paint and said, "We could get high off this, you know."

I already knew that to get a buzz kids inhale fumes from all kinds of chemical-based household products, from air freshener to cooking spray, by breathing in deeply, either through the nose (sniffing) or through the mouth (huffing).

I just laughed, never thinking she would really do it. But then she started breathing in the paint fumes. So I did, too.

It was almost like an out-of-body experience, an escape from the pain I had been feeling. I was lightheaded for about thirty seconds, and it felt good.

After she left, I kept sniffing the paint. Why am I doing this? I asked myself. And then I did it again and started laughing. In a way, I felt good about it. It was a power trip.

For the next week, I snuck into the back room in my grandparents' store every day and poured paint into a paper towel or a rag and cupped it over my mouth.

From there, my addiction grew. I learned to huff cans of whipped cream, holding the can straight up so that only the aerosol came out. I would also sniff Wite-Out, nail polish, air freshener and gasoline—anything I could find in the house or garage. I couldn't huff constantly, though. About six times a day seemed to be my limit. I'd get dizzy, and my stomach would tighten up. If I did it *(continued on page 30)*



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VIAGRA *is widely used*

This is one fact about VIAGRA *that most everyone is familiar with. Millions of men with erectile dysfunction* (ED) *have enjoyed more satisfying sex lives because of* VIAGRA. *But here are 7 more facts about* VIAGRA *that may be useful to you.*

VIAGRA is effective in men with all types of ED

VIAGRA improves erections in up to 4 of 5 men who take it compared with 1 out of 4 for sugar tablets, regardless of how severe their ED is, how long they have had ED, what caused it, or even how old they are. If you're not satisfied with your sex life due to poor erections during recent months, talk to your doctor. You may be suffering from mild ED—and VIAGRA can help.

VIAGRA has been extensively studied

In fact, in clinical trials of more than 3000 patients, VIAGRA was proven to be effective while having an excellent safety profile. And you can feel confident knowing that more than 250,000 doctors have written more than 14 million prescriptions for VIAGRA, as of November 1999, for more than 5 million patients.*

VIAGRA works when you need it

VIAGRA begins working in as fast as 30 minutes, but it can be taken as much as 4 hours in advance of sexual activity. A general rule is to take VIAGRA about 1 hour before sex. That way, you can use the time to get intimate with your partner. Be spontaneous. Be playful. Have fun.

VIAGRA only works when you are sexually stimulated

When a man is sexually stimulated, the arteries in the penis relax, and more blood flows into the penis, creating an erection. VIAGRA works by helping the blood vessels in the penis to relax, thereby increasing blood flow to the penis.

With VIAGRA, you must be sexually aroused (physically, visually, etc) to get an erection. If you take VIAGRA and are not sexually stimulated in any way, nothing will happen.

VIAGRA is not a hormone, an herbal supplement, or an aphrodisiac. VIAGRA is a prescription medication that can improve the erectile function of most men with erection problems. So with VIAGRA, a touch or a glance from your partner can once again lead to something more.

Seven more reasons to fee
(plus one that everyone already knows)

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For more information, call 1-888-4VIAGRA or visit www.viagra.com.

Please see patient summary of information for VIAGRA *(25-mg, 50-mg, 100-mg) tablets on the following page.*

VIAGRA comes in 3 dosing strengths

With 3 different doses (25 mg, 50 mg, 100 mg), VIAGRA has a strength that works best for you. Like many medications, your doctor may have to adjust your initial VIAGRA dose if it doesn't produce the desired results or you're bothered by side effects. Do not take more VIAGRA than your doctor prescribes, and do not take VIAGRA more than once a day.

VIAGRA works best on an empty stomach

But if dinner is in your plans, you can still take VIAGRA. However, taking VIAGRA after a high-fat meal (such as a cheeseburger and french fries) may cause the medication to take a little longer to start working.

VIAGRA is well tolerated

Like all medications, VIAGRA can cause some side effects. These are usually mild and don't last longer than a few hours. In clinical trials, the vast majority of these side effects did not cause patients to stop taking VIAGRA. Some of these side effects are more likely to occur with higher doses of VIAGRA. With VIAGRA, the most common side effects are headache, facial flushing, and upset stomach. VIAGRA may also briefly cause bluish vision, sensitivity to light, or blurred vision. In the rare event of an erection lasting more than 4 hours, seek immediate medical help.

VIAGRA is not for everyone. If you're a man who uses nitrate drugs, never take VIAGRA—your blood pressure could suddenly drop to an unsafe level.

Be sure to ask your doctor if your heart is healthy enough to handle the extra strain of sexual activity. If you have chest pains, dizziness, or nausea during sex, stop and immediately tell your doctor.

ood about VIAGRA



Last year, VIAGRA *helped millions of men and their partners find something that was missing from their lives. Isn't it time you found out more about* VIAGRA?

VIAGRA
(sildenafil citrate) tablets

Love life again.

L o v e l i f e a g a i n.

PATIENT SUMMARY OF INFORMATION ABOUT

VIAGRA

This summary contains important information about VIAGRA

nstructions Read this information carefully before you start taking VIAGRA Ask your doctor or pharmacist if you do not understand any of this information or if you want to know more about VIAGRA

This medicine can help many men when it is used as prescribed by their doctors However, VIAGRA is not for everyone It is intended for use only by men who have a condition called erectile dysfunction

VIAGRA must never be used by men who are taking medicines that contain nitrates of any kind, at any time. This includes nitroglycerin. If you take VIAGRA with any nitrate medicine your blood pressure could suddenly drop to an unsafe or life threatening level.

What Is VIAGRA?

VIAGRA is a pill used to treat erectile dysfunction (impotence) in men It can help many men who have erectile dysfunction get and keep an erection when they become sexually excited (stimulated)

You will not get an erection just by taking this medicine VIAGRA helps a man with erectile dysfunction get an erection only when he s sexually excited

How Sex Affects the Body

When a man is sexually excited, the penis rapidly fills with more b ood than usual The penis then expands and hardens This is called an erection After the man is done having sex, this extra blood flows out of the penis back into the body The erection goes away If an erection lasts for a long time (more than 6 hours), it can permanently damage your penis You should call a doctor immediately if you ever have a prolonged erection that lasts more than 4 hours

Some conditions and medicines interfere with this natural erection process The penis cannot fill with enough blood The man cannot have an erection. This is called erectile dysfunction if it becomes a frequent problem

During sex, your heart works harder Therefore sexual activity may not be advisable for people who have heart problems Before you start any treatment for erectile dysfunction, ask your doctor if your heart is healthy enough to handle the extra strain of having sex If you have chest pains, dizziness or nausea during sex, stop having sex and immediately tell your doctor you have had this problem

How VIAGRA Works

VIAGRA enables many men with erectile dysfunction to respond to sexual stimulation When a man is sexually excited, VIAGRA helps the penis fill with enough blood to cause an erection After sex is over, the erection goes away

VIAGRA Is Not for Everyone

As noted above (*How Sex Affects the Body*), ask your doctor if your heart is healthy enough for sexual activity.

If you take any medicines that contain nitrates–either regularly or as needed–you should never take VIAGRA. If you take VIAGRA with any nitrate medicine or recreational drug containing nitrates, your blood pressure could suddenly drop to an unsafe level You could get dizzy, faint, or even have a heart attack or stroke Nitrates are found in many prescription medicines that are used to treat angina (chest pain due to heart disease) such as

- nitroglycerin (sprays, ointments, skin patches or pastes, and tablets that are swallowed or dissolved in the mouth)
- isosorbide mononitrate and isosorbide dinitrate (tablets that are swallowed, chewed, or dissolved in the mouth)

Nitrates are also found in recreational drugs such as amyl nitrate or nitrite ("poppers") If you are not sure if any of your medicines contain nitrates, or if you do not understand what nitrates are, ask your doctor or pharmacist

VIAGRA is only for patients with erectile dysfunction VIAGRA is not for newborns, children, or women Do not let anyone else take your VIAGRA VIAGRA must be used only under a doctor's supervision

What VIAGRA Does Not Do

- VIAGRA does not cure erectile dysfunction It is a treatment for erectile dysfunction
- VIAGRA does not protect you or your partner from getting sexually transmitted diseases including HIV–the virus that causes AIDS
- VIAGRA is not a hormone or an aphrodisiac

What To Tell Your Doctor Before You Begin VIAGRA

Only your doctor can decide if VIAGRA is right for you VIAGRA can cause mild, temporary lowering of your blood pressure You will need to have a thorough medical exam to diagnose your erectile dysfunction and to find out if you can safely take VIAGRA alone or with your other medicines Your doctor should determine if your heart is healthy enough to handle the extra strain of having sex.

Be sure to tell your doctor if you.

- have ever had any heart problems (e.g , angina, chest pain, heart failure, irregular heart beats, or heart attack)
- have ever had a stroke
- have low or high blood pressure
- have a rare inherited eye disease called retinitis pigmentosa
- have ever had any kidney problems
- have ever had any liver problems
- have ever had any blood problems, including sickle cell anemia or leukemia
- are allergic to sildenafil or any of the other ingredients of VIAGRA tablets
- have a deformed penis, Peyronie's disease, or ever had an erection that lasted more than 4 hours
- have stomach ulcers or any types of bleeding problems
- are taking any other medicines

VIAGRA and Other Medicines

Some medicines can change the way VIAGRA works Tell your doctor about **any medicines** you are taking Do not start or stop taking any medicines before checking with your doctor or pharmacist This includes prescription and nonprescription medicines or remedies. Remember, VIAGRA should never be used with medicines that contain nitrates (see *VIAGRA Is Not for Everyone*). If you are taking a protease inhibitor, your dose may be adjusted (please see *Finding the Right Dose for You.*) VIAGRA should not be used with any other medical treatments that cause erections. These treatments include pills, medicines that are injected or inserted into the penis, implants or vacuum pumps

Finding the Right Dose for You

VIAGRA comes in different doses (25 mg, 50 mg and 100 mg) If you do not get the results you expect, talk with your doctor You and your doctor can determine the dose that works best for you.

- Do not take more VIAGRA than your doctor prescribes.
- If you think you need a larger dose of VIAGRA, check with your doctor.
- VIAGRA should not be taken more than once a day.

If you are older than age 65, or have serious liver or kidney problems, your doctor may start you at the lowest dose (25 mg) of VIAGRA. If you are taking protease inhibitors, such as for the treatment of HIV, your doctor may recommend a 25 mg dose and may limit you to a maximum single dose of 25 mg of VIAGRA in a 48 hour period

How To Take VIAGRA

Take VIAGRA about one hour before you plan to have sex Beginning in about 30 minutes and for up to 4 hours, VIAGRA can help you get an erection if you are sexually excited. If you take VIAGRA after a high-fat meal (such as a cheeseburger and french fries), the medicine may take a little longer to start working. VIAGRA can help you get an erection when you are sexually excited. You will not get an erection just by taking the pill

Possible Side Effects

Like all medicines, VIAGRA can cause some side effects. These effects are usually mild to moderate and usually don't last longer than a few hours. Some of these side effects are more likely to occur with higher doses. The most common side effects of VIAGRA are headache, flushing of the face, and upset stomach. Less common side effects that may occur are temporary changes in color vision (such as trouble telling the difference between blue and green objects or having a blue color tinge to them), eyes being more sensitive to light, or blurred vision.

In rare instances, men have reported an erection that lasts many hours. You should call a doctor immediately if you ever have an erection that lasts more than 4 hours. If not treated right away, permanent damage to your penis could occur (see *How Sex Affects the Body*).

Heart attack, stroke, irregular heart beats, and death have been reported rarely in men taking VIAGRA. Most, but not all, of these men had heart problems before taking this medicine. It is not possible to determine whether these events were directly related to VIAGRA

VIAGRA may cause other side effects besides those listed on this sheet If you want more information or develop any side effects or symptoms you are concerned about, call your doctor.

Accidental Overdose

In case of accidental overdose, call your doctor right away

Storing VIAGRA

Keep VIAGRA out of the reach of children. Keep VIAGRA in its original container. Store at room temperature, 59°-86°F (15°-30°C).

For More Information on VIAGRA

VIAGRA is a prescription medicine used to treat erectile dysfunction Only your doctor can decide if it is right for you. This sheet is only a summary. If you have any questions or want more information about VIAGRA, talk with your doctor or pharmacist, visit www.viagra.com, or call 1-888-4VIAGRA

23-5515-00-4

VIAGRA (sildenafil citrate) tablets

HC462X99

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Pfizer U.S. Pharmaceuticals

Continued from page 26

too much, I'd have to lie down.

I was paranoid that my pa would catch me. My mom to later that she saw the signs, b didn't know what I was abusing.

Ironically, my mom worked sheriff's department and was inv in the Drug Abuse Resistance E tion (DARE) program. Over the she had given me tons of boo about drugs, including inhala knew that you can die from huff sniffing. Every once in a while thought would cross my mind, b just laugh it off. It never occur me that I was addicted.

That summer I started hangin with older kids who used drugs. my new friends, I started smokin and taking speed. They never s or huffed inhalants because they afraid they would get hurt. But did, because inhalants gave me a high and were convenient—right in the house or at any store. Se times a day, by myself, I'd sniff o nail-polish remover, whipped c you name it.

By August, I was constantly fig with my parents, and they began ing with each other. My grand was to get Bill out of the house. I could push Mom to the edge ar whatever I wanted.

When school started, I often ski classes and forged sick notes for n and my friends. When I was in sc I walked around in an inhala induced haze. My grades plumm A friend noticed I liked sniffing n ers, so he suggested that I make book covers and scribble on the sniff whenever I wanted.

I also began suffering from bul One of my friends and my cousin bulimic. I thought I was fat (at three and a hundred and five pou I wouldn't eat unless Mom insi She now says she suspected bulim anorexia but didn't know what t So I'd choke something down, ex myself and throw up.

A few weeks into the school ye got into a terrible fight with my ents and tried to commit suici

Advertisement

MAKE YOUR CREDIT CARD DEBT GO AWAY IN Y2K.

It was a great Christmas for Janet. Buoyed by the spirit of the season, she pulled out all the stops, buying gifts galore for friends and relatives. But with the New Year came the bills, and Janet's joy turned to horror. Maxed out on six credit cards, she couldn't even afford the minimum payments. Late charges started to pile up, with no relief in sight.

Janet's scenario is common in post-holiday America, according to Howard Dvorkin, CPA and president of Consolidated Credit Counseling Services, Inc. "Many people go into the holidays lacking a clear picture of their income and expenses," he said. "They buy on impulse, spending more than they can afford, on the hope that salary increases and bonuses will help them pay the bills."

Debt problems happen to people from all walks of life, from low-income workers to doctors and lawyers. An estimated 5 to 7 million people are overextended, with minimum payments on short-term debt exceeding 15 percent of their net income.

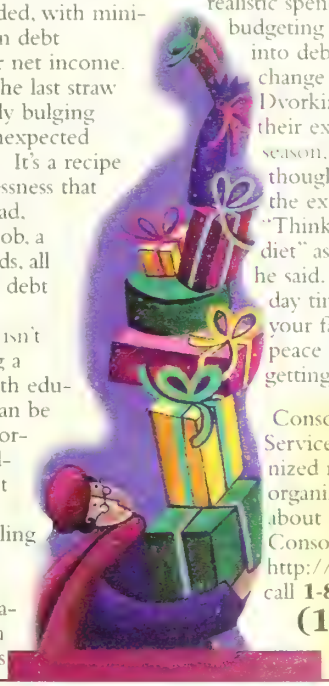
Often, holiday spending is the last straw for credit card balances already bulging with bills for emergencies, unexpected repairs and medical expenses. It's a recipe for disaster. It's not just carelessness that leads people into debt overload, Dvorkin said: "The loss of a job, a life event, or unexpected needs, all can lead to an overwhelming debt burden."

Getting debt under control isn't easy. Often, it means breaking a lifetime of bad habits. But with education and self-discipline, it can be done. The first and most important thing to do is stop spending! Cut your cards up, or put them away.

Speaking to a credit counseling agency is another important step. A counseling agency works with credit card companies to design a payment plan that fits within the consumer's budget, often at a lower interest rate and payment. Instead of paying five, six or more bills, the consumer makes one monthly payment, and the credit counseling organization disburses the funds with more favorable terms and attempts to liquidate most debts in 3 to 5 years.

Once a plan is worked out, counseling agencies can help shield clients from the stress of constant creditor calls and the financial devastation of late charges piling up. "People come to Consolidated Credit Counseling Services with such an emotional overload," Dvorkin said. "They think there's no way out. The truth is, once you make that call to our office at **1-800-SAVE-ME-2**, relief is in sight. By getting counseling and sticking to a well-conceived plan, most of our clients work their way out of their debt nightmares."

Once a repayment plan is devised, consumer education is the key. Credit counselors work with clients to devise a more realistic spending plan, based on a goal of budgeting for expenses without going into debt. Often, this requires a change of attitude toward spending. Dvorkin advises clients to re-think their expectations of the holiday season, focusing on the joy of a thoughtful expression rather than the extravagance of the gift. "Think about going on a "credit diet" as a New Years Resolution," he said. "You'll see that come holiday time next year, you've given your family a precious gift: The peace of mind that comes with getting your financial life in order."



Consolidated Credit Counseling Services Inc. is a nationally recognized non-profit debt counseling organization. For more information about debt-reduction plans, visit Consolidated's Web site at http://www.debtfree.org, or call **1-800-SAVE-ME-2**

(1-800-728-3632).

curling-iron cord and tied a
ound my neck.
walked into my room, and I
ng in the corner, whimpering.
led the cord off, and put me on
d. I just lay there and cried, and
ed crying, too.
parents took me to the emergen-
m. After I was examined, a nurse
ough a list of drugs, asking me if I
ken them. My mom was crying,
ill was holding her. And every
said yes, there was hatred in my
because I didn't care what they
it. I spent the rest of the day talk-
psychiatrists, and then went home.
ing the next few weeks, things
med out. My mom raided my
and read my diary. We got into a
argument that ended with her
"You're leaving! Pack your stuff!"
ent to stay with my mom's friend,
Less than a week later I learned
Mom was packing her stuff, too.
arents were separating. Just what I
d—only now I was horrified; I
really want Bill out of my life. He
over, and we went for a walk. I
and told him how sorry I was and
if he and Mom could work it out.
id they couldn't. Before he left, I
im, "I still love you, Daddy."
e next day, the principal of my
ol discovered that I had forged
notes, and I was suspended. For
ree days I was home, I was very
he damage done by the bulimia
catching up with me—a lot of
achaches and depression—and I
going through withdrawal from
nhalants: massive headaches and a
ant longing to get high.
e night before I was due back at
ol, Jean asked, "What do you
k is going to happen now that
mom knows you're using drugs?"
shrugged. "Well, she's probably
g to ground me again."
he next day, my mom and Jean
me they were taking me some-
re. I was really sick—I had vomit-
arlier—so I thought that we were
g to the hospital. But we pulled up
ont of a building that looked like a
n. That's when I knew it was a
rehab center, and I started crying.
side, Mom and I were greeted by a staff member and a teenager who was in the program. The center is a local organization called Kids Helping Kids, where recovering addicts help others break their addiction.

I was in rehab for seventeen months, and it cost about $20,000. (Insurance covered only some of the cost; my mom had to put most of it on her credit card.) I spent my days in group therapy with counselors and the other teens, where we talked about the emotional problems that led to drug use. That's Phase One. It can be as short as a month and a half, but I stayed in it for almost six. The program's rules seemed dumb—no talking behind people's backs or reading things like magazines. But I did want to get better, so if I broke the rules, I brought it up at group therapy. If I had simply continued lying, I could have breezed through treatment. In that first phase, somebody watches you around the clock. It's humiliating.

I missed my mom and Bill. They were getting divorced, but both wanted to be part of my rehabilitation. They could visit *(continued on page 36)*

Charles Wysocki's Country Heartland

Visit charming, richly detailed shops created on unique, building-shaped collector's plates!





"Peppercricket Farms"—Plate One "Virginia's Reel"—Plate Two "Evelyn's Backside Fruit Stand"—Plate Three "Pumpkin Hollow"—Plate

Charles Wysocki's Country Heartland

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(continued from page 31) me for a short period every Friday, but I was only permitted to tell them how sorry I was. Usually, I just cried.

Phase Two can also last a month and a half, but for me it lasted four. You are still under constant supervision. You can talk openly to your parents again.

In the third phase, Kids Helping Kids participants attend a nearby public high school. It was during this phase that I realized I had absolutely no desire to use inhalants or take drugs. The kids at the high school knew we were from rehab, and once one of them asked if I wanted to go get high. I said no, and then I walked away—grinning.

The fourth phase lasts three months. You can talk on the phone, listen to music and read. (In the third phase, we were allowed to read only school-related materials, the Bible and the Alcoholics Anonymous handbook.)

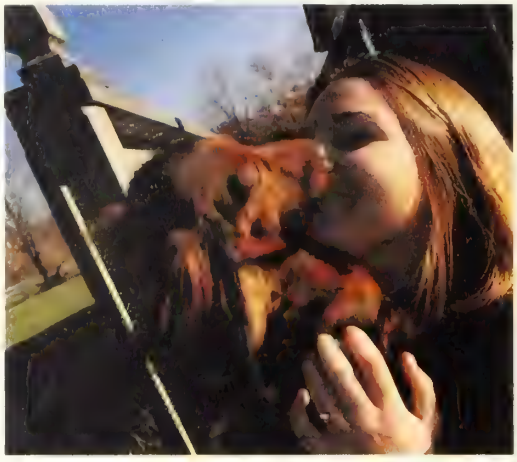
During Phase Five, which is two months long, you're allowed to be in a room alone. You're trusted to use keys and medicine. You can't go anywhere without parental supervision, and you have to be within hearing distance of your parents at all times.

When I finally got out, on March 19, 1999, it was a happy day, but I was scared. I enrolled in a new school in Clarksville, Ohio, where my mom had moved to give me a fresh start. Not having to go to rehab every day was the greatest feeling. For the next six months, I still had to meet with a Kids Helping Kids counselor for ninety minutes every Saturday, and I had to volunteer at the center for eight hours a week.

The whole time I was using inhalants, I lived in a cloud. I lost so much—ten percent of my short-term memory, according to the doctors. Now phone numbers are difficult to remember, and I have to study extra hard. I'll never get that part of my memory back. I also lost part of my childhood. I turned fourteen and fifteen in rehab.

Shortly after I had entered treatment, my mom filed a complaint with the police against the relative who introduced me to inhalants. But she decided not to press charges.

My mom trusts me now, so there are products in our house that I could huff or sniff. Recently, I opened the refrigerator, and there was a can of whipped cream. As I squirted some into my mouth, my first impulse was to get high. But I told myself no.



Being out of rehab is the best feeling. My life is happy now

My life is happy now. Mom and I are getting along much better. I have friends who don't do drugs and who really care about me. I'm getting A's and B's again, I'm dating, I'm working at McDonald's, and I've visited my real father in Florida twice. I decided in rehab that it was important to continue pursuing a relationship with him. And even though my mom and Bill are divorced, I see Bill all the time.

Maybe once a month, the thought of getting high will run through my head, but it doesn't appeal to me anymore. I keep telling myself I don't need to be high to feel secure. ■

INHALANTS: IS YOUR CHILD AT RISK?

Every month, more than 250,000 American teenagers abuse inhalants, according to the Substance Abuse and Mental Health Services Administration, in Rockville, Maryland. Yet inhalant abuse is rarely discussed. "Many adults worry that if they talk about inhalants they'll teach kids how to use them. But the kids already know about them," says Catherine Foehrkolb, whose fifteen-year-old son, Pete, died from sniffing butane in 1996. She now runs an inhalants-abuse awareness organization called For Pete's Sake, and speaks to middle- and high-school students about inhalants.

Most inhalants are central nervous system depressants. First-time abusers and long-term abusers alike can die from inhalants. In the short term, inhalant abuse may cause nosebleeds, hallucinations, and many other side effects. Long-term abusers may experience a host of health problems, including memory loss, seizures, and damage to the liver, kidneys or heart.

The warning signs of inhalant abuse include: problems in school; stains on the body or clothing; sores around the mouth; red or runny eyes or nose; chemical breath odor; nausea and loss of appetite; and anxiety, excitability and irritability.

For help, parents and kids can turn to the National Inhalant Prevention Coalition, 800-269-4237; For Pete's Sake, 410-780-0801; the American Council for Drug Education, 800-488-3784; and Our Home, Inc., 605-353-1025, the country's only treatment center devoted solely to inhalant abuse.

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FROM FRANCE

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BY BLOOMBERG L.P., A LEADING PROVIDER OF FINANCIAL INFORMATION, WHICH PUBLISHES *BLOOMBERG PERSONAL FINANCE* MAGAZINE AND BLOOMBERG PRESS BOOKS



PERFORMANCE ISN'T EVERYTHING

When a finance magazine touts the top-performing fund of the past year, it's not the time to rush out and buy it. Why? Investments are cyclical. Overemphasize recent past performance, and you may be buying a fund at its peak. Similarly, don't sell a fund just because of a few months of low returns. It could be poised to do well.

Instead, set up a portfolio of funds that will do well in all types of market climates—and don't expect all of your funds to be top performers every quarter. Sometimes small-company stocks have a big run; sometimes the large-cap stocks, like those in the S&P 500 Index, outpace everything else. Overseas stocks, too, have their cycles.

All of these asset classes together should create a portfolio that provides you with a steady 8 to 10 percent return most years.

—*The New Commonsense Guide to Mutual Funds,* by Mary Rowland

TIMELY TAX TIP

Here's a savvy way to lower your taxes and save for the future. A married couple filing jointly who made less than $43,050 in 1999 is in the 15 percent tax bracket. The 28 percent tax rate kicks in on income over $43,050; 31 percent for over $104,050. Say you and your spouse's combined income is a bit above a specific tax-bracket cut-off, and that extra income comes from investments. You can reduce your tax rate by putting money into a growth investment, like an equity index fund, instead of an income-producing investment. You won't owe taxes on the increase in value of your shares until you sell them, at which point, if you'd held the fund for a year or more, you would owe a long-term capital gains tax, now capped at 20 percent.

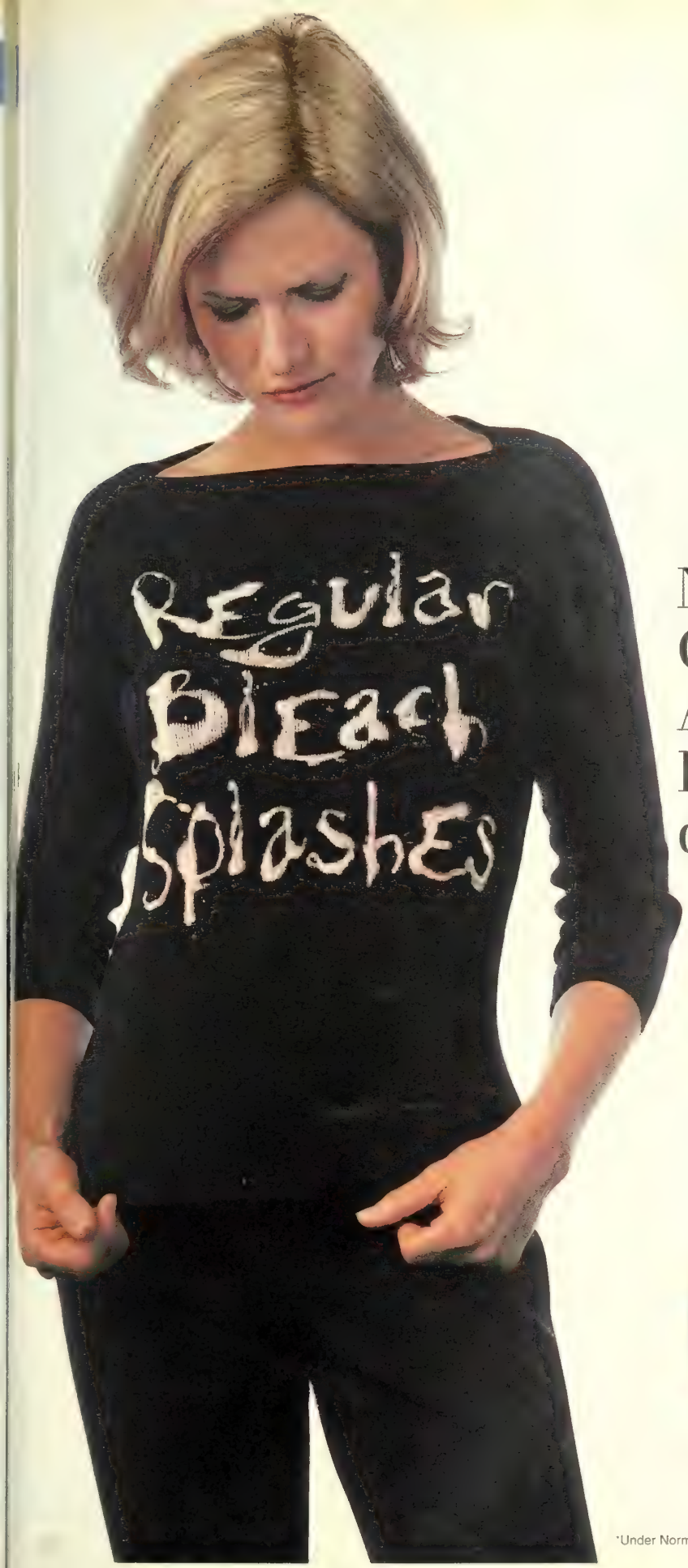
—Smart Questions to Ask Your Financial Advisers, *by Lynn Brenner*

Indicators of HMO EXCELLENCE

When you're health-care shopping, quality matters most. In her book, *Choosing and Using an HMO,* Ellyn Spragins says to call the HMO or the National Committee for Quality Assurance (NCQA) at 888-275-7585 to check if the plan has these features:

1. **Longevity:** 15 to 20 years of experience in your region.
2. **NCQA accreditation** and plans to use quality measures from the Foundation for Accountability.
3. **Not-for-profit status,** with doctors on staff or in a group.
4. **Low angioplasty and heart-bypass rates:** Look for 1.6 angioplasties and 1.5 bypasses per 1,000 men from ages 45 to 64.
5. **Few cesarean sections:** 15 percent or less of childbirths.
6. **High cervical- and breast-cancer screening rates:** At least 85 percent of women members ages 21 to 64 had a Pap test in the prior three years, and at least 85 percent ages 52 to 64 had a mammogram in the prior two years.
7. **High diabetic retinal testing rates:** At least 64 percent of the appropriate diabetic population.
8. **Excellent follow-up on hospitalization for mental disorders:** 96 percent or more of those discharged are followed up.
9. **Available doctors:** At least 90 percent accept new patients.
10. **High satisfaction:** Doctor turnover is less than 10 percent, and more than 65 percent of members are satisfied.

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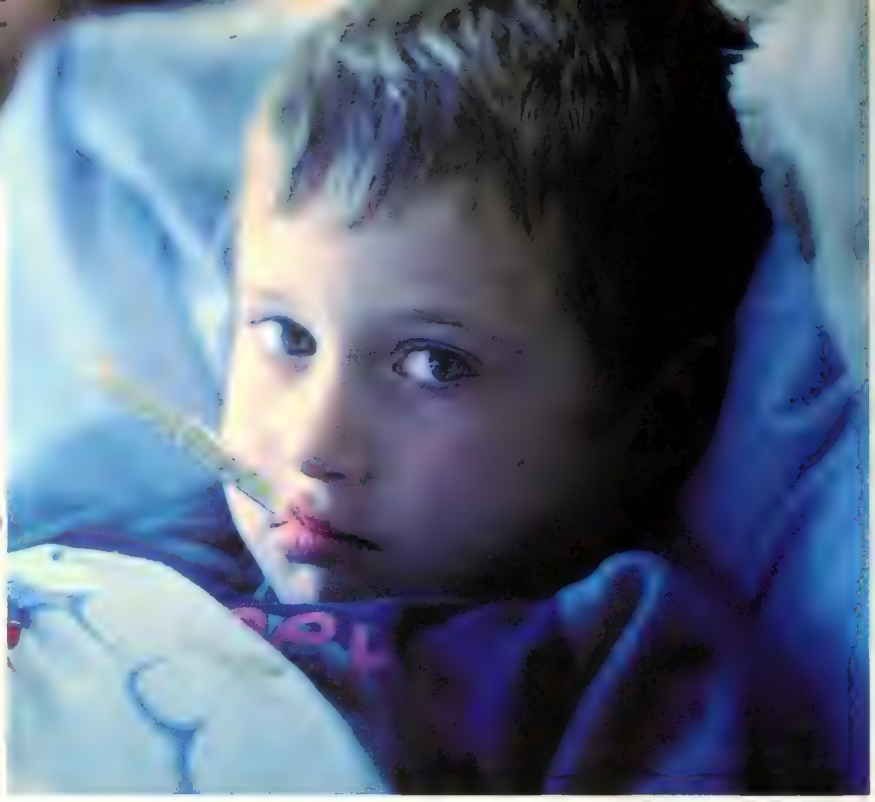
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How Doctors HEAL Their KIDS



When it comes to soothing tummy aches, sniffles and fevers, these moms and dads know what works. They reach for the cold medicine and cough syrup, just like the rest of us, but they also add doses of home remedies to ease symptoms, speed recovery and prevent mild illnesses from turning serious. Here are the good health tricks they keep tucked into their medical bags; we bet they'll work at your house, too **By Constance Costas**

• To clear stuffy noses, we "hose the nose" using an over-the counter nasal saline solution in a squirt bottle. This helps prevent simple colds from turning into ear or sinus infections.

• Feverish kids need food and fluids, but may not feel like eating. We make a "SEARS FAMILY SMOOTHIE" with protein and antioxidants; the coldness appeals to a hot and achy child. In a blender, mix 1 cup yogurt; 1 cup milk; a handful of frozen fruit; 1 tablespoon peanut butter; 3 ounces tofu; 1 scoop soy isolate powder (available in health-food stores); 1 scoop of any multivitamin, multimineral supplement powder; and a handful of ice. Blend until smooth.

• WHEN A CHILD NEEDS EYEDROPS, I ask her to lie on her back and close her eyes. Then I place a drop in the inner corner of each eye, near the nose. When she opens her eyes, the drops slide right in.

William Sears, M.D., is an associate clinical professor of pediatrics at the University of California at Irvine and the father of James, 33, Robert, 30, Peter, 25, Hayden, 22, Erin, 17, Matthew, 14, Stephen, 10, and Lauren, 7. Sears is the author of twenty-five parenting books, including his latest, The Family Nutrition Book *(Little, Brown & Company, 1999).*



• We use **KRAZY GLUE** to seal small, straight fissures, like paper cuts. Push the sides of the cut together and apply a few drops to the surface. We don't use it if the skin is inflamed, but on minor cuts, it works like a charm. When the glue wears off in a few days, the cut is healed.

Ted Daly, M.D., father of Teddy, 10, Kristin, 6, and Cheryl Sue, 3, is director of pediatric dermatology at Nassau County Medical Center, in East Meadow, New York, and has a private practice in Garden City, New York.

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• FOR NAUSEA AND VOMITING, I freeze Gatorade in an ice-cube tray, then crush it so the child can eat it with a spoon. The Gatorade replenishes electrolytes, prevents dehydration and, because it's available in colors such as red, blue and green, small children like to pick their favorite.

• For coughs, we like Delsym, an over-the-counter orange cough syrup that lasts for twelve hours. My four-year-old calls it "the orange soda medicine," and it works!

Loretta Staudt, M.D., mother of Siobhan, 14, Kelly, 12, and Christian, 4, is the medical director of the student health center at The Catholic University of America, in Washington, D.C.

• MY DAUGHTER'S EARS WERE HURTING badly after a drive in the mountains; the altitude had caused inner-ear pain. To relieve it, I took two plastic drinking cups and packed a warm, damp paper towel into the bottom of each. I placed one cup over each ear, gently pressing the rim against the side of her head to create a seal. Then, I gave her A LOLLIPOP to suck. The heat and the swallowing action helped equalize the pressure and relieve the ear pain.

• I did this on an airplane once for an infant who had been screaming in pain for nearly half an hour. I believed that her eardrum was at risk for possible rupture. We used plastic cups from the beverage cart and the baby sucked on a pacifier instead of a lollipop. It worked beautifully. Afterward, the airline was so appreciative, they sent me a free ticket!

Richard Carmen, father of Treya, 5, is a clinical audiologist and the editor of The Consumer Handbook on Hearing Loss and Hearing Aids: A Bridge to Healing *(Auricle Ink Publishers, 1998).*





• A "RICE BAG" IS WONDERFUL for treating everything from earaches to leg cramps to stomachaches. Fill a cloth bag with several pounds of raw white rice; it should feel looser than a bean bag. Microwave on high for approximately four minutes. Wrap with a towel if it's very hot. The bag radiates a moist, long-lasting heat that you can mold around the affected area—so it's better than a hot-water bottle. I use it as a pillow for middle-of-the-night earaches; it's good for sore muscles and stiff necks, too.

• When a child complains of STOMACH CRAMPS OR A BELLYACHE, a bath may do the trick. Warm water relaxes the belly muscles and allows gas to redistribute. Little kids don't know the words for nausea, so it's also a good idea to ask: "Does your tummy hurt like it's squeezing? Or does it hurt like it needs to throw up?"

Anne Thiele, M.D., mother of William, 12, and Margaret, 4, is an assistant professor of pediatrics at the University of Alabama School of Medicine and a pediatrician at Midtown Pediatrics at The Children's Hospital of Alabama, in Birmingham.



• Foot baths are a real hit with my kids. We use them TO TREAT CONGESTION AND SINUS INFECTIONS. The "patient" soaks her feet in hot water for three or four minutes, then plunges them into ice-cold water for five seconds. I read the child a story while she repeats this four or five times. This simple treatment is based on a principle of hydrotherapy, or "water healing," that dates back to the nineteenth century and states that increasing circulation to the feet draws congestion away from the head and throat. It's surprisingly effective for adults, too!

Amy Rothenberg, N.D., mother of Sophie, 11, Misha, 9, and Jonah, 7, is a naturopathic physician in private practice in Enfield, Connecticut.





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Revolution is generally well-tolerated. In studies, approximately 1% of cats experienced digestive upset or temporary hair loss at the application site. Use with caution in sick, weak or underweight animals. See adjacent page for complete indications and prescribing information.

See your veterinarian about prescribing Revolution for your cat, or call 1-888-REVOLUTION for more information. Revolution protects dogs too, ask your veterinarian how.

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Animal Health

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CAUTION

INDICATIONS

evention of heartworm disease caused by *Dirofilaria immitis* and the treatment and

ndicated for the treatment and control of sarcoptic mange (*Sarcoptes scabiei*) and for the control of tick (*Dermacentor variabilis*) infestations in dogs, and the treatment of

in cats. Revolution is recommended for use in dogs and cats six weeks of age and older

WARNINGS
Not for human use. Keep out of the reach of children.

contact with the skin immediately with soap and water. If contact with eyes occurs, then flush eyes copiously with water. In case of ingestion by a human, contact a physician immediately. The material safety data sheet (MSDS) provides more detailed occupational safety information. For a copy of the MSDS or to report adverse reactions attributable to exposure to this product, call 1-800-366-5288.

Flammable—Keep away from heat, sparks, open flames or other sources of ignition.

PRECAUTIONS
Use with caution in sick, debilitated or underweight animals.
Prior to administration of Revolution, dogs should be tested for existing heartworm infections. At the discretion of the veterinarian, infected dogs should be treated to remove adult heartworms. Revolution is not effective against adult *D. immitis* and, while the number of circulating microfilariae may decrease following treatment, Revolution is not effective for microfilariae clearance.

Hypersensitivity reactions have not been observed in dogs with patent heartworm infections administered three times the recommended dose of Revolution. Higher doses were not tested.

ADVERSE REACTIONS
Following treatment with Revolution, transient localized alopecia with or without inflammation at or near the site of application was observed in approximately 1% of 691 treated cats. Other signs observed rarely (≤0.5% of 1743 treated cats and dogs) included vomiting, loose stool or diarrhea with or without blood, anorexia, lethargy, salivation, tachypnea, and muscle tremors.

DOSAGE
The recommended minimum dose is 2.7 mg selamectin per pound (6 mg/kg) of

Administer the entire contents of a single dose tube of Revolution topically in accordance with label directions. (See ADMINISTRATION for the recommended treatment intervals.)

For cats over 15 lbs use the appropriate combination of tubes.

For dogs over 85 lbs use the appropriate combination of tubes.
Recommended for use in animals 6 weeks of age and older.

ADMINISTRATION
Firmly depress the cap to puncture the seal on the Revolution tube, then remove the cap to administer the product.

Part the hair on the back of the animal at the base of the neck in front of the shoulder blades until the skin is visible. Place the tip of the tube on the skin and squeeze the tube to empty its entire contents directly onto the skin in one spot. Do not massage the product into the skin. Due to alcohol content, do not apply to broken skin. Avoid contact between the product and fingers. Do not apply when the hair coat is wet. Bathing or shampooing the animal 2 or more hours after treatment will not reduce the effectiveness of Revolution. Stiff hair, clumping of hair, hair discoloration, or a slight powdery residue may be observed at the treatment site in some animals. These effects are temporary and do not affect the safety or effectiveness of the product. Discard empty tubes in your ordinary household refuse.

Flea Control in Dogs and Cats
For the prevention and control of flea infestations, Revolution should be administered at monthly intervals throughout the flea season, starting one month before fleas become active. In controlled laboratory studies >98% of fleas were killed within 36 hours. Results of clinical field studies using Revolution monthly demonstrated >90% control of flea infestations within 30 days of the first dose. Dogs and cats treated with Revolution, including those with pre-existing flea allergy dermatitis, showed improvement in clinical signs associated with fleas as a direct result of eliminating the fleas from the animals and their environment.

If the dog or cat is already infested with fleas when the first dose of Revolution is administered, adult fleas on the animal are killed and no viable fleas hatch from eggs after the first administration. However, an environmental infestation of fleas may persist for a short time after beginning treatment with Revolution because of the emergence of adult fleas from pupae.

Heartworm Prevention in Dogs and Cats
For the prevention of heartworm disease, Revolution must be administered on a monthly basis. Revolution may be administered year-round or at least within one month after the animal's first exposure to mosquitoes and monthly thereafter until the end of the mosquito season. The final dose must be given within one month after the last exposure to mosquitoes. If a dose is missed and a monthly interval between dosing is exceeded, then immediate administration of Revolution and resumption of monthly dosing will minimize the opportunity for the development of adult heartworms. When replacing another heartworm preventive product in a heartworm disease prevention program, the first dose of Revolution must be given within a month of the last dose of the former medication.

At the discretion of the veterinarian, cats ≥6 months of age may be tested to determine the presence of existing heartworm infections before beginning treatment with Revolution. Cats already infected with adult heartworms can safely be given Revolution monthly to prevent further infections.

Ear Mite Treatment in Dogs and Cats
For the treatment of ear mite (*O. cynotis*) infestations in dogs and cats, Revolution should be administered once as a single topical dose. A second monthly dose may be required in some dogs. Monthly use of Revolution will control any subsequent ear mite infestations. In the clinical field trials ears were not cleaned, and many animals still had debris in their ears after the second dose. Cleansing of the infested ears is recommended to remove the debris.

Sarcoptic Mange Treatment in Dogs
For the treatment of sarcoptic mange (*S. scabiei*) in dogs, Revolution should be administered once as a single topical dose. A second monthly dose may be required in some dogs. Monthly use of Revolution will control any subsequent sarcoptic mange mite infestations. Because of the difficulty in finding sarcoptic mange mites on skin scrapings, effectiveness assessments also were based on resolution of clinical signs. Resolution of the pruritus associated with the mite infestations was observed in approximately 50% of the dogs 30 days after the first treatment and in approximately 90% of the dogs 30 days after the second monthly treatment.

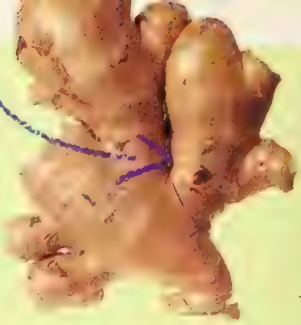
Tick Control in Dogs
For the control of tick (*Dermacentor variabilis*) infestations in dogs, Revolution should be administered on a monthly basis. In heavy tick infestations, complete efficacy may not be achieved after the first dose. In these cases, one additional dose may be administered two weeks after the previous dose, with monthly dosing continued thereafter.

Nematode Treatment in Cats
For the treatment of intestinal hookworm (*A. tubaeforme*) and roundworm (*T. cati*) infections, Revolution should be applied once as a single topical dose.

NADA 141-152, Approved by FDA

Pfizer Animal Health

www.revolutionpet.com



• FOR UPSET STOMACHS, I make fresh ginger tea. Slice a piece of ginger about ¼ inch thick and pierce it with a fork. Steep in hot water with some honey and lemon.

• TO RELIEVE MOTION SICKNESS, I press down with my thumb on a pressure point between the child's two tendons on the inside of the wrist.

• When my kids finish a course of antibiotics, I give them acidophilus—a digestive culture that's also found in yogurt. It restores the healthy bacteria that the body needs to fight off secondary infections, like earaches or skin rashes. Look for powdered acidophilus in the refrigerated section of health-food stores. It's safe for children and doesn't taste too bad sprinkled into warm milk or juice. I giv half the adult dose lis ed on the label, up six times a day, f three or four days.

David Molony, Ph.D father of Venus, 5, a Prometheus, 4, is exec tive director of the Ame can Association of Orient Medicine and a licens acupuncturist and orient medicine practitioner Catasauqua, Pennsylv nia. He is also author The American Assoc ation of Oriental Med cine's Complete Guid to Chinese Herb Medicine *(Berkley Pu lishing Group, 1998).*

• My eight-year-old son was wiped out with a viral infection, and all he wanted to do was watch VH1. I said, "Okay, but every time a commercial comes on, you have to drink something." He drank plenty of liquids—key to reducing a fever—and I didn't have to nag him.

• When a diaper rash doesn't respond to Desitin, we use LOTRIMIN AF, an over-the-counter antifungal cream. It's for jock itch and athlete's foot, but also kills the candida yeast that causes diaper rash. Rub a thin layer over the rash and seal with a layer of diaper cream. When this fails, a nonprescription cream called Triple Paste Medicated Ointment [special order from pharmacies, or call 800-533-7546] is a dermatologic miracle!

• To soothe chicken pox or poison ivy itch, we add AVEENO oatmeal tablets to the bath water. For older kids, there's an Aveeno shower gel. Another must for itchy skin is Benadryl Dye-Free Allergy.

Michael Becker, D.O., father of Christopher, 8, Katelyn, 4, and Claire, 2, is an assistant professor of family medicine at Philadelphia College of Osteopathic Medicine.



• When a child has diarrhea, the parent's job is to replace lost fluids. Kaopectate can camouflage the amount of fluid the child has actually lost. A good replacement fluid should provide nutrients. I use FLAT, CAFFEINE-FREE DIET COKE, which contains potassium (regular Coke doesn't). To make it flat, just spin it in the blender for a few seconds.

Elaine Tuomanen, M.D., mother of Laura, 13, and Stefan, 6, is chair of infectious diseases at St. Jude Children's Research Hospital, in Memphis. ■

For a special offer on family health-care products, please see page 60.

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"Wanted: A Job I'll LOVE"

We've all got office horror stories: frustrations, burnout, co-worker conflicts. But the working world doesn't have to scream *Dilbert*. Meet three women who broke through to jobs that not only made them happy, but also allowed them to pursue their dreams

By Bonnie Miller Rubin

ENJOYING ALL THE 9-TO-5

On the surface, Elaine Heveron was living the American dream. You know—the one where you're the boss, where you run a business you love; where work is blissfully free of mission statements, interoffice memos and panty hose.

The annals of business are filled with fast-trackers who fled the corporate world to be entrepreneurs. But surprisingly, Elaine found that the key to her happiness lay in the opposite direction.

Elaine and her then-husband, Milt, ran two record stores in south Florida. But after six years, she could no longer ignore the fact that being self-employed was taking over her life.

"The business just ate away at everything," says Elaine, now in her forties. She regularly worked a seventy- to eighty-hour week, shuttling between the stores, located 150 miles apart. When the couple did carve out some time for themselves (they had no children), work still reared its intrusive head. If they had dinner out, customers would stop by their table to ask about a special order. Even on their rare vacations, Elaine was tethered to obligations. "I remember being in San Francisco, at this beautiful spot overlooking the water, and there I was, writing out payroll checks," she says.

The turning point came in 1980, when Elaine's teenage sister, Amy, came to stay with them for the summer. After seeing Elaine running herself ragged, Amy didn't mince words. "She said, 'You work too hard,'" Elaine recalls. "I told her, 'If I don't work this hard, the business will fall apart.' Then Amy took my hand in hers and said, 'Elaine, *you're* falling apart.' No one had ever talked like that to me. But I knew she was right."

Not long after that, Elaine told Milt she wanted to sell the business and return to her hometown of Rochester, New York. She longed to be closer to her family, not to mention wanting to *(continued)*



who says

you can't stir up passion
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(continued) escape suburban Miami's escalating crime rate and relentless heat.

The move was the right decision—for Elaine. Milt, on the other hand, never found his niche in New York. "Without the stores, it was as if he had lost his identity," Elaine says ruefully. One year later, the marriage ended amicably.

Elaine held a series of customer-service jobs, but she always ran into the same problem: The offices were small and the work demanding, gobbling up every spare hour. There had to be a job out there where she could help customers without neglecting her own needs.

As Elaine thought about it, she kept coming to the same solution: working for a big company. The idea didn't exactly thrill her. Elaine had always veered off the beaten path. How could a free spirit like her possibly thrive in the corporate environment?

Still, in 1994 Elaine decided to give it a go as an administrative assistant in the corporate research department of Xerox, one of Rochester's largest employers. She discovered that her co-workers were friendly people with interests as varied as her own. "The best part is that even though I work with Ph.D.'s, everyone is treated like an equal," Elaine says.

Not being responsible for every detail of a business gives Elaine a heady sense of freedom. She doesn't have to deal with leaky roofs or landlords who double the rent. And she can walk out the door at the end of the day with a clear conscience.



Working for a big company has its advantages

With her evenings and weekends free, Elaine has time for friends and family. She can also teach yoga and indulge her other passions, including poetry, photography and swing dancing. Her volunteer work includes stints at a shelter for battered women, being a Big Sister and sewing toys for needy kids. "I may not have a lot of money, but [I lead] a very rich life," she says.

HAVE YOU FOUND YOUR DREAM JOB? Looking for advice on finding a balance between family life and your career? Join our Women in the Workforce discussion group at www.lhj.com/solutions to share your thoughts and stories.

FIRST AID FOR HEARTBURN, DIARRHE

FROM RAT RACE TO ROAD RACE

ndy Gresko, thirty-six, had always been a xtbook overachiever. She breezed through r years as an economics major at North-estern University, then went on to law hool at Notre Dame. She loved the lively bate of the law and the camaraderie with low students.

Practicing law, however, was a different atter. After graduation, Sandy was hired by prestigious law firm in Costa Mesa, Califor-a—a dream job, she thought. Instead, she alized that she was miserable. "I was making ore money than I ever thought possible, it I was so stressed out," Sandy recalls. "I orried about everything: doing well, billing ough hours, being as smart as the two hun-ed other lawyers."

Working out had always been Sandy's life-ne during knot-in-the-stomach times. So she arted swimming laps at the neighborhood ool. Before long, Sandy discovered that lding running and biking to her regimen ve her an additional boost. She also began ntering races.

But still, it wasn't enough. Eventually ndy found herself in the relentless grip of depression. By 1991, she was so incapacitated that she had to step off the fast track altogether. After taking a yearlong leave to recuperate, Sandy returned to work, this time as an attorney for a small corporation. A more relaxed atmosphere, she reasoned, would keep the black cloud at bay.

Yet even as she accepted the new position, Sandy wondered if it was a mistake. Truth be told, she would have preferred to make a living in the fitness field. But she'd invested so much in becoming a lawyer that it didn't seem right to give it up. "Why throw all that away?" her parents pleaded.

So Sandy abandoned her whim—until two years later, when she felt paralyzed by a sickeningly familiar sense of helplessness. "I questioned everything, I was fearful of everything, I couldn't move," she says quietly. "And I knew it wasn't just a matter of a bad day, because it was every day."

Sandy moved back to Chicago, where she could lean on her family for support, and joined the legal department of a real-estate company. At first the change provided some relief, but by 1997, she was broadsided by depression again. This *(continued on page 54)*



Lawsuits, no—jogging suits, yes





Traditions weave sweet dreams for "Star Dreamer"

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Actual size is approximately 17" (43 cm.) tall. Complete with Cherokee costuming and intricately crafted dreamcatcher as shown.



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(continued from page 49) time, her parents didn't care what she did for a living; they just wanted her to have a life. Once again, she quit her job.

Through it all, Sandy's commitment to exercise never wavered. On days when she could barely muster the energy to eat, she still managed to put in time at the track and the pool. Once she began to feel less depressed, the idea of switching careers slowly started taking shape.

For six months, Sandy cracked the books, immersing herself in physiology and biomechanics, and earned her certification as a personal trainer from the National Academy of Sports Medicine. She now works as a trainer at the Willowbrook (Illinois) Athletic Club. Though her income took a substantial cut, her well-being and self-esteem have never been better. "I lost myself," she says, "and exercise gave me back a sense of me."

When she isn't instructing ("I love opening people's eyes to exercise, just as it helped me," she says), Sandy trains for competitions. Last October, she qualified for the vaunted Ironman Triathlon World Championship, in Hawaii, a grueling multisport discipline combining swimming, biking and running. Sandy finished first in her age group (her time: ten hours and thirteen minutes).

"Competing has given me a sense of purpose that for whatever reason I could never get from my career," Sandy says. "Once a race starts, I'm capable and competent, but in the workforce, I never felt that way."

And when clients ask Sandy how she could abandon the lucrative legal life for biceps curls, she has a ready answer. "I tell them it's what keeps me alive."

GIMME A BREAK!

After twenty-two years in the banking business, Karen Thomas, forty-five, had survived more workplace crises than she cared to remember. But in 1996, when her Phoenix, Arizona–based employer, First Interstate Bank, was acquired by Wells Fargo, the stress finally took its toll. "I was burning out," says the senior research specialist. "We were putting in twelve to fourteen hours a day, and I was exhausted."

After the dust settled, an attractive benefit—courtesy of Karen's new employer—caught her eye. Wells Fargo is one of a number of companies that offer employees paid sabbaticals. (One quarter of U.S. companies now offer either paid or unpaid sabbaticals, according to the Society for Human Resource Management, in Alexandria, Virginia.) A sabbatical allows an employee to put her career on hold and pursue other interests—playing the cello, writing a novel or volunteering for a stint in the Peace Corps—without jeopardizing her job. In a booming economy where competition for dedicated employees is fierce, it's often smarter to let workers recharge their batteries than to risk losing them.

It was just the opportunity Karen had been looking for. Frazzled and tired, she was badly in need of a break. At the same time, however, she saw this as her chance to pursue a long-held dream: being an interpreter for hearing-impaired persons. "A lot of our customers were deaf," she explains, "and I thought sign language was beautiful to watch." Karen had completed the necessary training—except for workplace experience—so she proposed spending twelve weeks as a teacher's aide at the Phoenix Day School for the Deaf.

"The only other way I could get this experience was to quit, but I wasn't sure I wanted to make such a drastic change," Karen says. "The sabbatical was perfect, because it allowed me to give this a try without committing to it."

Karen's three-month stint in the classroom was valuable in more ways than one. First, she learned that although she loves working with deaf persons, "I don't have the temperament for interpreting," she admits. "But I'm grateful to have had the opportunity; if I hadn't taken the sabbatical, I would have wondered what I'd missed." Indeed, Karen volunteers with the deaf whenever possible.

In addition, having tried out the career she thought she wanted, Karen realized she already had one she enjoyed. "I have a new appreciation for my job, and I'm no longer afraid of trying new things," Karen says. "I'm not sure I would have realized any of that without the sabbatical." ■



Sabbaticals allow employees to test-drive an alternate life

Bonnie Miller Rubin is a reporter for the Chicago Tribune.


Drug-free, instant relief from stuffiness due to colds and allergies never looked this good.
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Little INFECTIONS That Can KILL



Donna Batdorff lost most of one finger and the tips of two others to "flesh-eating bacteria"

These illnesses can be major threats to your health. Learn how to protect yourself and your family **By Amy Zintl**

On the first night of a ski trip to Colorado in 1995, Donna Batdorff, an advertising account executive from Grand Rapids, Michigan, began to suffer from nausea and diarrhea. "I thought I had the flu, or altitude sickness," she says.

After a day of rest, she felt better and hit the slopes. But soon, her right arm became sore. She noticed a tiny cut on a finger of her right hand, but didn't connect it to the pain.

Two days later, the flu-like symptoms returned, along with weakness, chills and more arm pain. When she left Colorado, she was so sick that friends got her a wheelchair at the airport. Back home, she ended up in the hospital, where the emergency room staff recognized her symptoms as a serious infection. She was later diagnosed with necrotizing fasciitis, the "flesh-eating bacteria." This severe infection is caused by a form of Group A *Streptococcus*, the bacteria responsible for strep throat. It had entered through the cut on her finger and spread through her arm, infecting her whole body.





Donna's bout with necrotizing fasciitis inspired her to go online to share her experience with others. Despite her ski trip from hell, Donna still hits the slopes

Despite powerful antibiotics, Donna got sicker, and doctors induced a coma to help her body fight the infection. When they brought her out of it ten days later, Donna learned that surgeons had operated five times. They'd removed all the soft tissue in her arm, and amputated most of the finger with the cut as well as the tips of two others. Skin grafts from her thighs had been used to reconstruct her arm.

Five years later, Donna, now forty-six, has regained the use of her right arm and hand, and wears three prosthetic fingers.

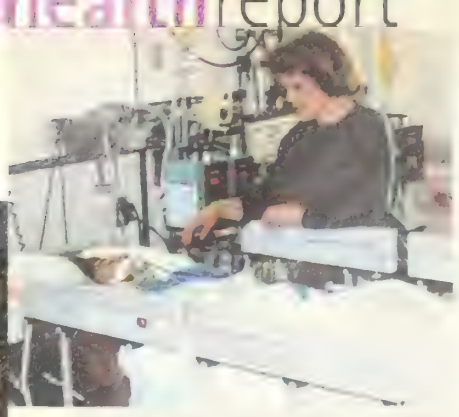
To find someone she could talk to about her ordeal, Donna posted the story of her experience on the Internet. Jacqueline Roemmele, another survivor, responded. Together they founded the National Necrotizing Fasciitis Foundation (*www.nnff.org*), a nonprofit organization offering information and support.

"I feel lucky that I survived," Donna says. "My injuries are relatively minor compared to others who have lost legs, arms or their lives."

OLD-FASHIONED INFECTIONS

It's hard to believe that, at the dawn of the new millennium, thousands of Americans die each year from such run-of-the-mill infections as the flu, chicken pox or food poisoning. "There's a general *(continued)*


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Judy Steortz, Donna's sister, stands by her bedside. Donna spent ten days in a coma induced to help her fight the infection

(continued) complacency toward infectious disease," says Mitchell Cohen, M.D., director of the division of bacterial and mycotic diseases at the Centers for Disease Control and Prevention (CDC), in Atlanta. "Many have forgotten that in their grandparents' time, it was common to lose a sibling or two before the age of five to scarlet fever, influenza or typhoid."

Today's infectious diseases are a whole new breed. Natural evolution has recently produced potent germs known as superbugs, and at the same time, many organisms have become increasingly resistant to antibiotics. "Probably over fifty percent of the antibiotics prescribed for outpatient use are unnecessary, which has caused some bacteria to become resistant, making it difficult to treat infections," says Cohen.

Also, due to large-scale preparation and marketing of food, food-borne illnesses can affect large groups, explains Dennis Lang, Ph.D., enteric diseases program officer at the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, in Bethesda, Maryland. "Thirty years ago we didn't have huge factories distributing food nationally," he says. "If there was a problem, it was localized."

While you can't live in a bubble, you can take steps to protect yourself and your family from infectious diseases. Start by getting vaccinations, following proper food-handling guidelines and learning to recognize the warning signs of a serious infection.

SEVEN **DEADLY** INFECTIONS

The following illnesses can be lethal. Here, important information on diagnosing and treating them

SEPTICEMIA

Also called blood poisoning, septicemia results from the spread of a bacterial infection (or toxins produced by bacteria) into the bloodstream. Even minor problems such as a boil or urinary-tract infection can progress to septicemia. Symptoms may include fever, chills, fatigue, loss of appetite and general malaise. To prevent septicemia, wash any minor cut with soap, apply antibiotic ointment and cover. A deep cut or any internal infection should be treated promptly by a physician.

CELLULITIS

This skin infection occurs when *Streptococcus, Staphylococcus,* or other common bacteria enter through a cut or sore. The bacteria produce enzymes that break down skin cells, making the area around the wound appear red and swollen. Red streaks may run from the infected area to the lymph glands in the armpit or groin, which swell and feel sore. Other symptoms include fever, chills, sweating, fatigue, muscle aches and general malaise. Cellulitis can affect any part of the body, but it is most common on the face and lower legs. Complications include gangrene, septicemia (see above), and meningitis; hospitalization may be required.

"The skin is designed to protect us," says Mitchell Cohen. "Anytime there is a break in it, you open the door to the microbial world to come on in and do great harm."

To prevent cellulitis, avoid injury to the skin by wearing protective gear, such as gloves for gardening and knee pads for in-line skating. If you do get a cut or an insect bite, clean well using soap. Apply antibiotic ointment and cover with a bandage. See a doctor if any signs of infection, such as redness, pain or oozing, occur.

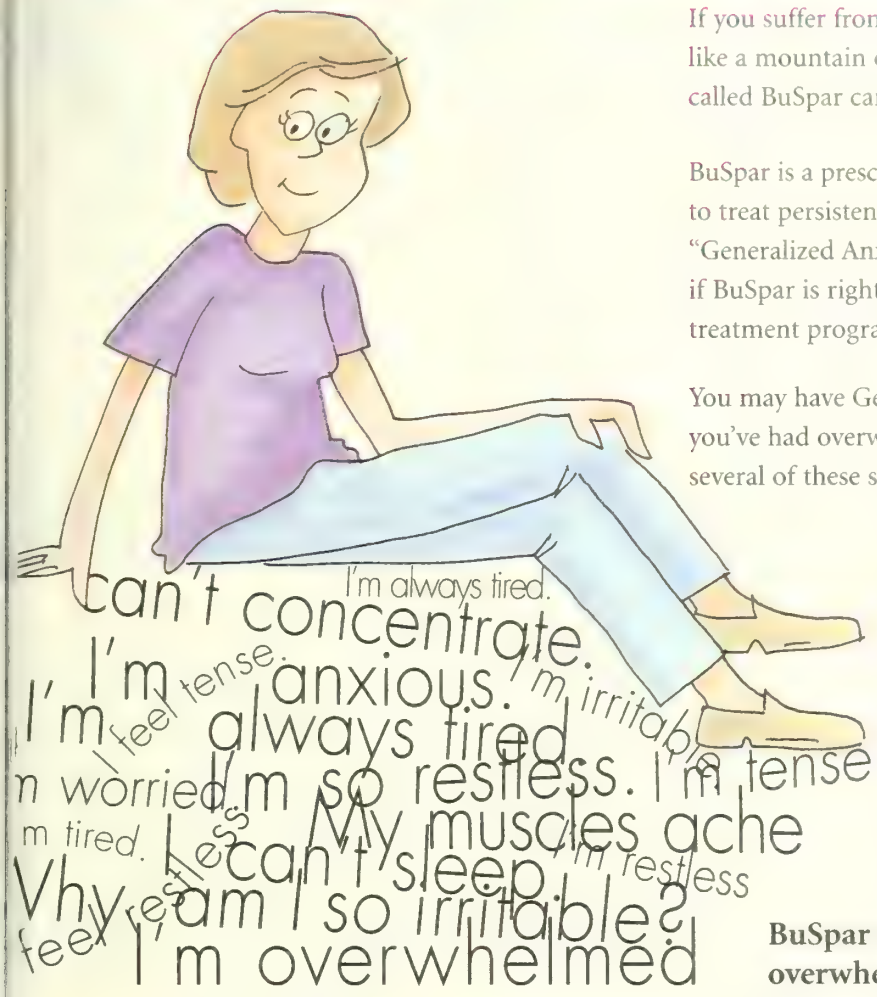
GROUP A STREPTOCOCCUS (GAS)

Strep throat isn't the only malady this bacteria can cause. In about ten thousand to fifteen thousand U.S. cases each year, a break in the skin allows the strep bacteria to invade deep in the body, where it can cause life-threatening infections. Between five hundred and fifteen hundred cases develop into necrotizing fasciitis; another three thousand cases progress into streptococcal toxic shock syndrome. More than two thousand deaths result.

Early warning signs of necrotizing fasciitis occur within twenty-four hours and include pain disproportionate to the injury (for instance, a cut may feel like a muscle pull) and flu-like symptoms, such as diarrhea, nausea, fever, confusion and dizziness. Within three to four days, the area becomes swollen and painful. Skin is red and hot, and large, dark fluid-filled blisters may appear. The wound may look blue, white or dark with a mottled or flaky surface. Untreated, the infection can quickly progress to streptococcal toxic shock syndrome, causing injury to the kidneys, liver and lungs.

Early diagnosis and prompt hospitalization for intravenous antibiotics are crucial. Aggressive removal of the affected tissue is often required.

SN'T IT TIME TO GET ON TOP OF YOUR ANXIETY?



If you suffer from excessive worry, it can feel like a mountain of anxiety. But a medication called BuSpar can help.

BuSpar is a prescription drug developed specifically to treat persistent anxiety, medically known as "Generalized Anxiety Disorder." Ask your doctor if BuSpar is right for you as part of an overall treatment program.

You may have Generalized Anxiety Disorder if you've had overwhelming unfounded worry and several of these symptoms for six months or more:

- Restlessness
- Muscle tension
- Sleep problems
- Trouble concentrating
- Irritability
- Feeling tired

BuSpar is usually well tolerated:

- ***Unlikely to make you groggy***
- ***Not habit-forming***

BuSpar can help you manage those overwhelming feelings so you can focus on the things you want to.

BuSpar isn't right for everyone. Advise your doctor of any medications you may be taking (particularly MAOIs), to avoid potential drug interactions.

Some people may experience side effects such as excitement, dizziness, nausea, headache, lightheadedness, and nervousness.

Ask your doctor
if BuSpar® is right for you.
For more information, call
1-877-3-BUSPAR or
visit us at:
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Relax, BuSpar can help you handle it.

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Please see important additional information on next page.

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CONTRAINDICATIONS

WARNINGS: **The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard.** [illegible] has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

PRECAUTIONS: **General** - *Interference with Cognitive and Motor Performance*: Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol. *Potential for Withdrawal Reactions in Sedative/Hypnotic/Anxiolytic Drug-Dependent Patients*: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone, withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug, and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures. *Possible Concerns Related to Buspirone's Binding to Dopamine Receptors*: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (e.g., dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (i.e., represent akathisia). ***Information for Patients*** - Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol or drugs they are now taking or plan to take during treatment with buspirone, to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone, to inform their physician if they are breast feeding, and not to drive a car or operate potentially dangerous machinery until they experience how medication affects them. ***Drug Interactions*** (See **WARNINGS**) - *Trazodone*: One report suggests that the concomitant use of Desyrel® (trazodone hydrochloride) and BuSpar may have caused 3- to 6- fold elevations on SGPT (ALT), *Haloperidol*: In normal volunteers, concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations. The clinical significance of this finding is not clear. *Amitriptyline*: After addition of buspirone to the amitriptyline dose regimen, no statistically significant differences in the steady-state pharmacokinetic parameters (C_{max}, AUC, and C_{min}) of amitriptyline or its metabolite nortriptyline were observed. *Diazepam*: After addition of buspirone to the diazepam dose regimen, no statistically significant differences in the steady-state pharmacokinetic parameters (C_{max}, AUC, and C_{min}) were observed for diazepam, but increases of about 15% were seen for nordiazepam, and minor adverse clinical effects (dizziness, headache, and nausea) were observed. *Triazolam/Flurazepam*: Coadministration of buspirone with either triazolam or flurazepam did not appear to prolong or intensify the sedative effects of either benzodiazepine. *Nefazodone*: In a study of steady-state pharmacokinetics in healthy volunteers, coadministration of buspirone (2.5 or 5 mg b.i.d.) with nefazodone (250 mg b.i.d.) resulted in marked increases in plasma buspirone concentrations (increases up to 20-fold in C_{max} and up to 50-fold in AUC) and statistically significant decreases (~50%) in plasma concentrations of the buspirone metabolite 1-PP. With 5 mg b.i.d. doses of buspirone, slight increases in AUC were observed for nefazodone (23%) and its metabolites hydroxynefazodone (17%) and meta-chlorophenylpiperazine (9%). Subjects receiving buspirone 5 mg b.i.d. and nefazodone 250 mg b.i.d. experienced side effects such as lightheadedness, asthenia, dizziness, and somnolence. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Other Psychotropics*: The concomitant use of BuSpar with other CNS-active drugs should be approached with caution. *Cimetidine*: Coadministration of buspirone with cimetidine was found to increase C_{max} (40%) and T_{max} (2-fold), but had minimal effects on the AUC of buspirone. *Erythromycin*: In a study in healthy volunteers, coadministration of BuSpar (10 mg/day) with erythromycin (1.5 g/day) increased plasma buspirone concentrations (livelold increase in C_{max} and sixfold increase in AUC). These pharmacokinetic interactions were accompanied by an increased incidence of side effects attributable to buspirone. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Itraconazole*: In healthy volunteers, coadministration of BuSpar (10 mg/day) with itraconazole (200 mg/day) increased plasma buspirone concentrations (13-fold increase in C_{max} and 19-fold increase in AUC). These pharmacokinetic interactions were accompanied by an increased incidence of side effects attributable to buspirone. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Potential Interaction with Drugs That Inhibit Cytochrome P450 3A4 (CYP3A4)*: Buspirone has been shown *in vitro* to be metabolized by CYP3A4. Consequently, if BuSpar is to be used in combination with a potent inhibitor of CYP3A4, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Protein Binding, In vitro*: buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin; phenytoin, phenobarbital, digoxin and Synthroid®. Therapeutic levels of aspirin, desipramine, diazepam, flurazepam, ibuprofen, propranolol, thioridazine, and tolbutamide had only a limited effect on the extent of binding of buspirone to plasma proteins (see **CLINICAL PHARMACOLOGY** section). ***Carcinogenesis, Mutagenesis, Impairment of Fertility*** - No evidence of carcinogenic potential was observed in rats or mice. Buspirone did not induce point mutations nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur. ***Pregnancy: Teratogenic Effects*** - Pregnancy Category B. Should be used during pregnancy only if clearly needed. ***Nursing Mothers*** - Administration to nursing women should be avoided if clinically possible. ***Pediatric Use*** - The safety and effectiveness have not been determined in individuals below 18 years of age. ***Use in the Elderly*** - The safety and efficacy profiles of buspirone in 605 anxious, elderly patients (mean age = 70.8 years) were similar to those in a younger population (mean age = 43.3 years). There were no effects of age on the pharmacokinetics of buspirone. ***Use in Patients With Impaired Hepatic or Renal Function*** - Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment. A pharmacokinetic study in patients with impaired hepatic or renal function demonstrated increased plasma levels and a lengthened half-life of buspirone (see **CLINICAL PHARMACOLOGY** section).

ADVERSE REACTIONS (See also PRECAUTIONS): ***Commonly Observed*** - The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients include: dizziness, nausea, headache, nervousness, lightheadedness, and excitement. ***Associated With Discontinuation of Treatment*** - The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling, gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary. ***Incidence in Controlled Clinical Trials*** - Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials. *Cardiovascular*: Tachycardia/palpitations 1%. *CNS*: Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT*: Blurred vision 2%. *Gastrointestinal*: Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal*: Musculoskeletal aches/pains 1%. *Neurological*: Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin*: Skin rash 1%. *Miscellaneous*: Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%. ***Other Events Observed During the Entire Premarketing Evaluation*** - The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses under well-controlled, open and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients, and rare are those occurring in less than 1/1000 patients. *Cardiovascular* - frequent: nonspecific chest pain; infrequent: syncope, hypotension, and hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System* - frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, involuntary movements, slowed reaction time, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT* - frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine* - rare: galactorrhea, thyroid abnormality. *Gastrointestinal* - infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary* - infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal* - infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias; rare: muscle weakness. *Respiratory* - infrequent: hyperventilation, shortness of breath, and chest congestion; rare: epistaxis. *Sexual Function* - infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin* - infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory* - infrequent: increases in hepatic aminotransferases (SGOT/SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous* - infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise, rare: alcohol abuse, bleeding disturbance, loss of voice, and hiccoughs.

POSTINTRODUCTION CLINICAL EXPERIENCE: Rare occurrences of allergic reactions (including urticaria), angioedema, cogwheel rigidity, dizziness (rarely reported as vertigo), dystonic reactions, ataxias, extrapyramidal symptoms, dyskinesias (acute and tardive), ecchymosis, emotional lability, serotonin syndrome, transient difficulty with recall, urinary retention and visual changes (including tunnel vision) have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar (buspirone HCl) has not been determined.

DRUG ABUSE AND DEPENDENCE: ***Controlled Substance Class*** - Not a controlled substance. ***Physical and Psychological Dependence*** - Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (e.g., development of tolerance, incrementation of dose, drug-seeking behavior).

OVERDOSAGE: ***Signs and Symptoms*** - At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. A few cases of overdosage have been reported with complete recovery as the usual outcome. No deaths have been reported following overdosage with BuSpar alone. Rare cases of intentional overdosage with a fatal outcome were invariably associated with ingestion of multiple drugs and/or alcohol, and causal relationship to buspirone could not be determined. ***Recommended Overdose Treatment*** - General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

U.S.A. Patent Nos. 3,717,634 and 4,182,763

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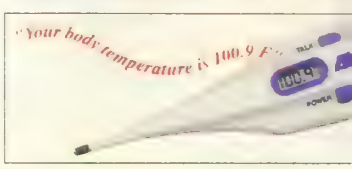
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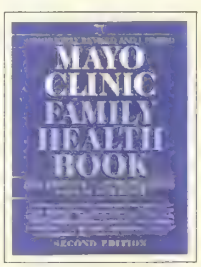


The Digital Pacifier Thermometer is a new, easy way to take an infant's or toddler's temperature. It has a ninety-second readout and recalls the last reading. The orthodontic nipple ma it easy on baby, and a lullaby play when the peak temperature is reac Waterproof and safe, this thermom is accurate to 0.2°F. and runs for o two hundred hours. The Digital Pacifier Thermometer sells for $18.



The Talking Digital Thermomete announces the temperature when measurement is complete. Ideal fo young children or the visually impaired, it has memory recall of t last reading and an easy-to-hold design. Accurate to 0.2°F., the Talk Digital Thermometer sells for $20.

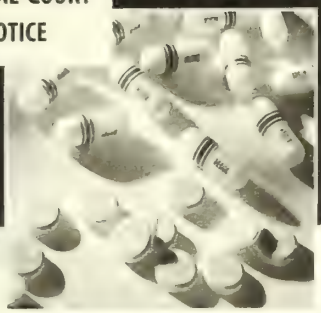
**Save over 30 percent: Purchase thermometer on this page, and any second one costs only $14.* Availab by arrangement with Mabis Healthc



The Mayo Clinic Family Health Book: Second Editio a home and family medica encyclopedia. Written by mo than two hund Mayo Clinic physicians, it provide information on more than a thous diseases, disorders, symptoms and treatments. This 1,438-page hardc contains a section on emergency c an appendix on tests and drugs, a full-color photos and illustrations (William Morrow; $52.95).

Prices include shipping, handling and sa tax. TO ORDER: Call 800 763-6393 (MasterCard, Visa, Discover Card) or sen your name, street address and a check t LHJ® Resources, Dept. L0200, P.O. Box 9381, Des Moines, IA 50306-9381. Plea specify product. Orders outside of contig U.S., please add $15 S&H to total order.

OFFICIAL COURT NOTICE



Attention

Anyone Who Took "Fen-Phen," Pondimin® or Redux™

IMPORTANT NOTICE

- **If you took the diet drugs Pondimin® and/or Redux™, or**
- **If you took the diet drug combination popularly known as "Fen-Phen," or**
- **If you are the legal representative, spouse, child or "significant other" of someone who took the diet drugs Pondimin® and/or Redux™, *read this information and call* 1-800-386-2070.**

ousands of consumers throughout the country have filed lawsuits claiming ey were injured or placed at an increased risk of injury as a result of taking nin®, Redux™ and/or "Fen-Phen." These lawsuits claim, among other , that taking the diet drugs Pondimin® and/or Redux™, or the combination gs known as "Fen-Phen," may produce lesions or abnormalities in the heart of some people. These lesions can cause abnormal blood flow in the heart may be harmful depending on the level of abnormal blood flow. Such heart lisease may be without symptoms, but it can be diagnosed through a simple ss test called an "echocardiogram."

nerican Home Products Corporation ("AHP") was responsible for the sale ndimin® and/or Redux™. AHP has defended vigorously against plaintiffs' its and disputes the plaintiffs' claims.

here is a proposed CLASS ACTION SETTLEMENT with AHP that gives all users se diet drugs the right to receive money, medical testing services, and/or benefits, depending on the diet drug user's circumstances. These benefits mmarized in the chart below.

BERS OF THE CLASS HAVE THE FOLLOWING RIGHTS:

1e right to choose an "Accelerated Implementation Option" which will allow ou to begin receiving Settlement Benefits quickly, regardless of whether the ettlement receives Final Judicial Approval;

2. The right to receive Settlement Benefits in the event that the Settlement receives Final Judicial Approval, if you "Register" for these benefits on time;
3. The right to appear at a hearing on May 1-5, 2000, at the United States District Court, 601 Market Street, Philadelphia, PA 19106 and object to the settlement; and
4. The right to exclude yourself ("opt-out") from the Settlement.

A detailed Notice Package has been prepared which contains the information that you should have to determine how the proposed Settlement affects you. The Notice Package also contains forms that you must complete in order to "Register" and receive Settlement Benefits, accept the Accelerated Implementation Option, or opt-out of the Settlement.

If you take no action before March 30, 2000 you will remain in the settlement and be bound by its terms even if you are a member of another certified class.

You can request a copy of the Notice Package by calling the following telephone number: 1-800-386-2070.

You can also request a copy of the Notice Package on the Worldwide Web at the following web address: www.settlementdietdrugs.com. You can also view the Notice Package at the same web address.

ummary of Settlement Benefits	People Who Used "Fen-Phen," Pondimin® and/or Redux™ for 61 or More Days	People Who Used "Fen-Phen," Pondimin® and/or Redux™ for 60 Days or Less
EFUND: 30/month for use of Pondimin 50/month for use of Redux®	YES (subject to $500 limit and availability of funds after pay-out of other benefits to class)	YES
ee echocardiogram and appointment with doctor to discuss e results	YES	Generally NO, but with exceptions, including humanitarian or compassionate reasons or true financial hardship
ash or medical services benefit for heart valve disease according to DA Positive" criteria	$6,000 in CASH or $10,000 in heart valve related MEDICAL SERVICES	$3,000 in CASH or $5,000 in heart valve related MEDICAL SERVICES
Matrix" compensation benefits for serious valvular heart disease as escribed in the brochure titled "Settlement Matrix Compensation enefits Guide" (before Court authorized deductions)	Between $7,389 and $1,485,000 depending on age and level of severity	Between $7,389 and $297,000 depending on age and level of severity
ledical registry to "Track" condition of Pondimin® and/or Redux™ sers for purposes of research and education	YES	YES
stablishment of a fund for medical research and education oncerning cardiovascular disease	YES	YES

The United States District Court for the Eastern District of Pennsylvania has directed the publication of this Notice.
his Official Notice is not an expression of any opinion of the Court regarding the merits of the litigation and does not reflect findings of fact by the Court.

SALMONELLOSIS

Approximately forty thousand cases of salmonellosis are reported each year in the United States, resulting in about one thousand deaths. It's caused by eating foods contaminated by Salmonella, a type of bacteria that lives in the digestive tracts of some animals.

Diarrhea, fever and abdominal cramps usually occur twelve to seventy-two hours after infection, and the illness generally lasts four to seven days. Most people recover, although it can be months before bowel habits return to normal, and in some cases severe diarrhea warrants hospitalization. Also, the infection can become life-threatening if it spreads from the intestines; it must be treated promptly with antibiotics.

Salmonellosis is usually traced to animal foods such as poultry, beef, eggs and unpasteurized milk products.

To prevent infection, cook all meat and poultry thoroughly, and carefully wash your hands and all countertop cutting boards, plates and utensi that have come in contact with ra food. Avoid raw or undercooked egg poultry or meat (be wary of hom made hollandaise sauce, Caesar sala dressing, and cookie dough, whic may include raw eggs).

As many as 10 percent of birds ar most reptiles excrete salmonella their feces. Pregnant women ar families with children under age fiv should not keep reptiles as pets.

CHICKEN POX

Though 95 percent of Americans experience mild childhood cases, when this illness strikes adults, infants or people with impaired immune systems, it can be far more serious. Each year in the United States, five thousand to nine thousand people are hospitalized and one hundred die as a result of chicken pox.

The virus spreads easily by direct contact or through the air; the illness develops ten to twenty-one days later. Adults often suffer flu-like symptoms, then develop fluid-filled blisters that dry into scabs. A person is contagious from one to two days before the rash appears until all blisters have formed scabs. If you have chicken pox, ar develop difficulty breathing, infected lesions, or you r lapse after you had begun to feel better, see your phys cian right away.

Nearly everyone who has contracted the illness has a lif long immunity. A vaccine to prevent chicken pox becam available in 1995. Physicians recommend that children routinely vaccinated against the disease at twelve to eig teen months of age, and older children who haven't ha chicken pox receive the vaccine before age thirteen.

Susceptible adults should also receive the vaccine. Che with your physician to see if you are a candidate.



INFLUENZA

hough the classic symptoms of the –fever, cough, sore throat, stuffy e, headache, muscle aches, nausea, niting and extreme fatigue—are ilar to those of a bad cold, the flu be deadly. The average flu season s from October through mid-May d the flu virus is responsible for out twenty thousand deaths each ar. When the Type A(H3N2) virus hits, as it did last year, the number climbs to thirty thousand or more. In the winter of 1989 to 1990, forty-four thousand people died.

The flu can leave a person susceptible to other infections such as Group A *Streptococcus* and pneumococcal disease (see below). Complications include pneumonia, a secondary bacterial infection or respiratory failure; the elderly and people with chronic health problems are most at risk.

If you have the flu and develop difficulty breathing or your condition suddenly worsens, see your physician immediately.

The best way to prevent the flu is to receive the yearly vaccine, available each fall. (The influenza viruses mutate, so a new vaccine must be created each year.) Experts advise that anyone older than six months who is at risk due to a chronic health problem should receive the vaccine.

PNEUMOCOCCAL DISEASE

bacterial infection caused by a germ that usually lives rmlessly in the upper respiratory tract, pneumococcal ease usually strikes as a secondary infection after the , so one way to prevent it is to get a flu shot.

Pneumococcal disease leads to an estimated forty thou- nd deaths annually in the United States. The disease can fatal when it progresses: Two million cases each year velop into pneumonia, fifty thousand cases turn into a cterial blood infection, and in three thousand cases, pa- nts develop meningitis, inflammation of the membrane rrounding the brain and spinal cord.

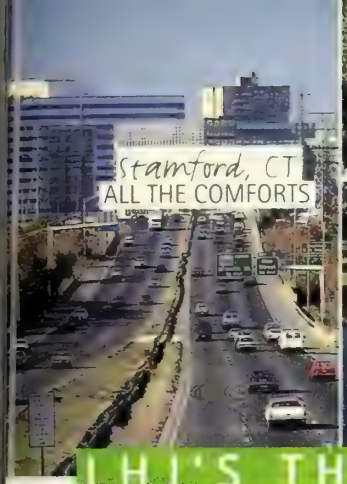
An emerging problem is the growing number of antibiotic-resistant strains of the disease. In 1987, only two of every ten thousand pneumococcus strains were resistant to penicillin; by 1995, resistance had climbed to 30 percent in some parts of the country.

A vaccine is recommended for those at high risk—the elderly and persons with medical conditions such as heart disease, diabetes, emphysema, liver disease and HIV. Children under age two, also at high risk, aren't candidates for the existing vaccine, but a new one that will protect them is expected out in the next few years. ■

Amy Zintl is a frequent contributor to Ladies' Home Journal.




"HOW CAN I POSSIBLY PROTECT MY FAMIL
FROM BACTERIA 24 HOURS A DAY?"
HELP IS ON THE WAY.
NEW!
CLOROX
DISINFECTING SPRAY
KILLS
99.9
of BACTERIA for
24hrs
ELIMINATES ODORS
NEW!
CLOROX
DISINFECTING SPRAY
KILLS
99.9
of BACTERIA for
24hrs
ELIMINATES ODORS
NEW!
Citrus Scent
CLOROX
DISINFECTING SPRAY
KILLS
99.9
of BACTERIA for
24hrs
ELIMINATES ODORS
New Clorox® Disinfecting Spray helps protect your family against 99.9% of bacteria* for up to 24 hou even when surfaces like doorknobs and toilet handles are touched repeatedly and re-contaminated.
Unfortunately, Lysol Disinfectant Spray's** protection fades when surfaces are touched.
You can't possibly be there for you family every second of every day.
But now you have a choice. Protection that fades when touched or New Clorox Disinfecting Spray, which helps protect for up to 24 hou
Seems like an easy decision.
*E.coli, Staph, Salmonella and Klebsiella pneumoniae.
**Lysol is a registered trademark of Reckitt & Colman Inc.
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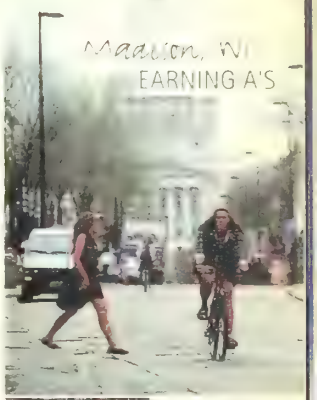




LHJ'S THIRD-ANNUAL SURVEY

The BEST CITIES For Women

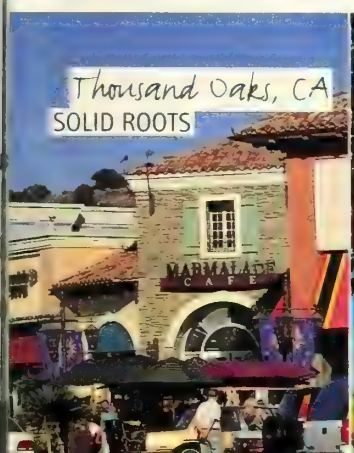
This year, we rate America's biggest towns based on where they stand right now—and on where they'll be in the future. Will today's best places to live still be making the grade in 2020? Produced by Margot Gilman

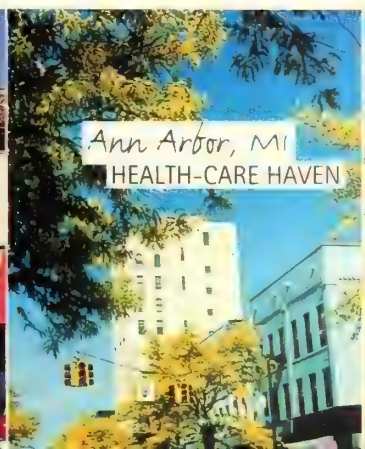


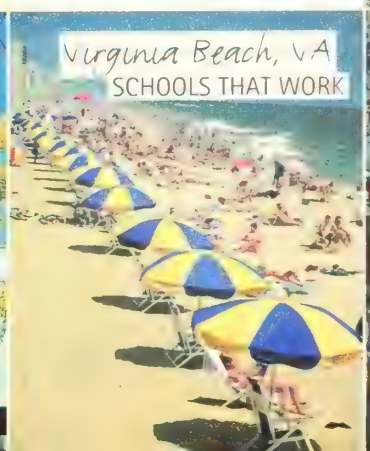


Favorite Son George W. Bush is not the only fast-rising phenomenon in Texas these days. Take a look at Plano, the community north of Dallas that roared onto our list of America's Ten Best Cities for Women this year in third place, right behind two repeat honorees: Irvine, California (#1), and Ann Arbor, Michigan (#2). (Also making their debut on our list in 2000: Stamford, Connecticut; Huntington Beach, California; Alexandria, Virginia; and Fargo, North Dakota.) Plano not only vaulted from #31 to the top ten this year, but promises over the next two decades to grow faster than any of the two hundred cities we looked at. Alexandria is the place that will have the most explosive per capita income growth over the next twenty years (49.1 percent), and Fargo will be surpassed by only eight other cities as a macho mecca, due to its projected-to-be-favorable ratio of single men to women.

To mark the start of the new millennium, we're focusing on tomorrow as *(continued)*









RICHARD T. NOWITZ/CORBIS-SYGMA; DORIS KRAUSHAAR; GILLES MINGASSON/LIAISON AGENCY

TODAY'S WINNERS AND LOSERS

Where should you g

whether it's good health care, quality child care, jobs that pay well

the TOP TEN

Here's how our best cities measured up in eight major categories. Before we combined the numbers to come up with a total score, we weighted the categories according to what our readers told us are their most pressing concerns. Scores are in percentiles—the higher the number, the better.

	CRIME	LIFESTYLE	EDUCATION	JOBS	HEALTH	CHILD CARE	POLITICS	ECO
1. IRVINE, CA	99	66	54	71	62	85	76	90
2. ANN ARBOR, MI	90	44	97	85	97	93	97	77
3. PLANO, TX	95	62	74	60	25	93	19	94
4. STAMFORD, CT	94	99	58	41	70	86	61	95
5. THOUSAND OAKS, CA	99	63	27	97	4	87	91	63
6. HUNTINGTON BEACH, CA	98	66	34	98	62	5	69	83
7. VIRGINIA BEACH, VA	92	71	94	90	59	46	93	82
8. FARGO, ND	89	91	84	96	38	72	34	88
9. ALEXANDRIA, VA	76	100	99	50	52	90	74	94
10. MADISON, WI	84	66	100	29	84	75	94	86

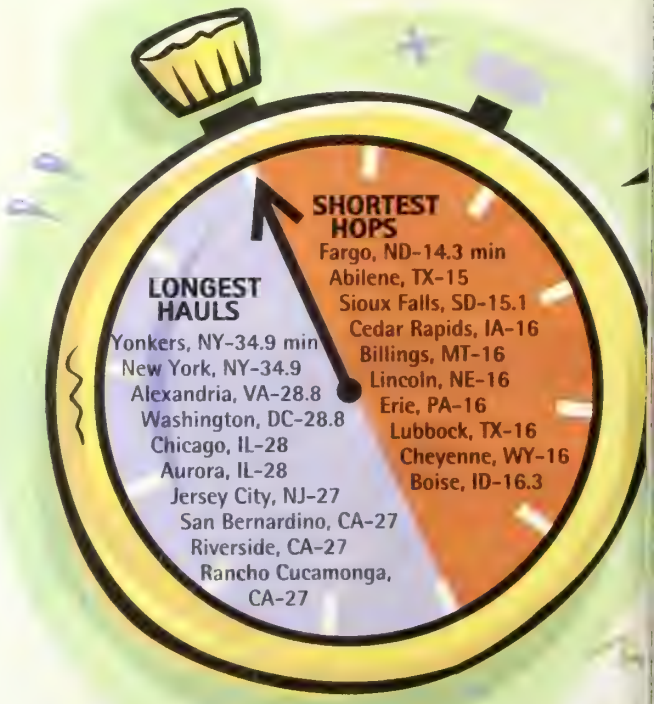
TAKING CARE OF THE KIDS

The Sun Belt really sparkles when it comes to quality child care. More than half the cities in the top quarter in this category were from the South and Southwest, with California (6) and Florida (4) leading the way. But not every Sun Belt city is a working-mom mecca. Three California towns and two from Texas hit the bottom of our list, along with two big cities—New York and Miami. Rankings are based on the ratio of children under five to centers accredited by the National Academy of Early Childhood Programs or to family-based situations accredited by the National Association for Family Child Care. These bodies set high standards regarding teacher-child ratios, training and procedures. Since much U.S. day care is not accredited, low scores do not mean these cities are without resources.

TOP TEN	BOTTOM TEN
1) WILMINGTON, DE	191) NEW YORK, NY
2) TALLAHASSEE, FL	192) SPRINGFIELD, MO
3) ROCHESTER, NY	193) PASADENA, TX
4) TAMPA, FL	194) ONTARIO, CA
5) WASHINGTON, DC	195) MIAMI, FL
6) MINNEAPOLIS, MN	196) BILLINGS, MT
7) DURHAM, NC	197) EL MONTE, CA
8) ARLINGTON, TX	198) INGLEWOOD, CA
9) ROCKFORD, IL	199) BROWNSVILLE, TX
10) PORTLAND, ME	200) CHARLESTON, WV

TRAFFIC REPORT

The downside of living someplace wonderful is that you and all your lucky neighbors may get to share a commuter crush. The short and the long of average trips among our 200 cities, according to the U.S. Census Bureau:

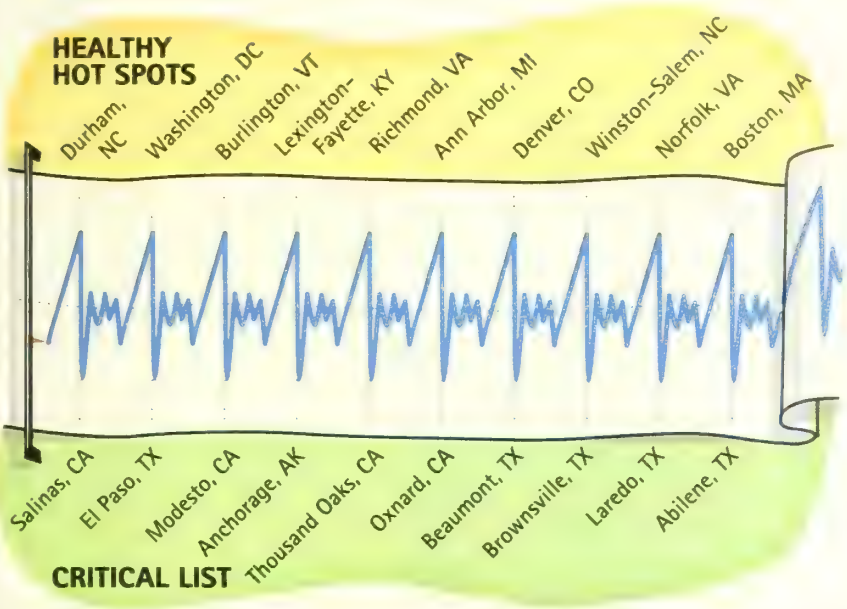


om here? It depends on what tops your list—
a commute that isn't a nightmare

HEALTHY HAVENS

Having a few good medical schools in the neighborhood seems to be the most effective prescription for outstanding health care. All of our ten health-care winners boast top-notch teaching hospitals, first-class government facilities, or both.

We examined several factors that affect the health of women and children: the number of pediatricians, OB/GYNs and other specialists in women's health, per capita; the health-cost index and the percentage of people medically insured; and how well women took care of themselves (percentage who have had a Pap smear in the previous year, percentage over forty who have ever had a mammogram, exercise habits, and Body Mass Index).



working it out

Let's have no intern jokes, please, when we tell you that the opportunity capital for working women is Washington, D.C. That's due not only to the ever-booming federal government; we measured five factors, including the percentage of businesses that are women-owned, the percent of working women who are professionals or managers, the salary gap between the sexes, and the number of reported cases of sexual harassment and job discrimination based on sex.

Otherwise, our winners were all over the map. The good-ol'-boy factor may weigh against women on the other end of the scale, though, since several bottom-finishers were from Alabama and Louisiana.

BEST BETS

1) WASHINGTON, DC
2) BURLINGTON, VT
3) LANCASTER, CA
4) MORENO VALLEY, CA
5) VALLEJO, CA
6) HONOLULU, HI
7) SIOUX FALLS, SD
8) RANCHO CUCAMONGA, CA
9) SANTA ROSA, CA
10) RIVERSIDE, CA

WORST BETS

191) CHEYENNE, WY
192) SOUTH BEND, IN
193) CINCINNATI, OH
194) SALT LAKE CITY, UT
195) NEW ORLEANS, LA
196) GARY, IN
197) BIRMINGHAM, AL
198) BATON ROUGE, LA
199) FORT WAYNE, IN
200) HUNTSVILLE, AL

(continued) well as today in *Ladies' Home Journal*'s annual survey of America's two hundred largest cities. We began this groundbreaking feature three years ago as a public service; no other publication evaluates communities according to the qualities that women value most.

Each year, we've asked readers to tell us what makes a community a great place to live. For 2000, as always, you ranked a low crime rate as the foremost factor. But you reshuffled other priorities. Perhaps because the economy is so buoyant and financial worries are relatively few, you put greater emphasis on an enjoyable quality of life this time around, followed by good public schools, well-paying and plentiful jobs, dependable health and child care, and a significant number of women in local government.

To reflect your changing views, we refined our measurements and widened our research. Because of the heightened importance you gave to lifestyle, for example, we gathered information about a dozen different aspects of day-to-day living to come up with a meaningful index.

First, we got physical, considering the latest EPA data on the purity of the air and water and by looking into local weather patterns. Then came some demographic detection: divorce rates, male-to-female ratios. We couldn't overlook those little things that matter so much: How were your hair and *(continued)*

TOMORROW'S TOPS AND FLOPS

Between now and the year 2020, much is predicted to change, and—doomsayers take note—much will be for the better

MONEY MATTERS

The South will definitely rise again when it comes to per capita income. Our projections show that half of the cities where folks will see the biggest boost in their incomes by 2020 are located in Virginia, Maryland, Texas and Georgia. The winner will be Alexandria, Virginia, where paychecks are already sizable, thanks to the federal government and high-tech employers; per capita income there is expected to hit $70,426, the highest in our survey.

But there are winners among gritty Rust Belt towns like Akron, Ohio, and Pittsburgh, Pennsylvania, where the economic base has grown beyond heavy industry. In fact, better times are forecast for all our cities, with even most-modest gainer, Anchorage, Alaska, showing a 14.7 percent increase.



TOMORROW'S BOOM TOWNS

Bet on this: Las Vegas will hit the job jackpot in the next two decades, with 94.5 percent job growth by 2020. Most of the other cities where growth is expected to sizzle at more than 60 percent are also in sunny climes. But there's plenty of economic sunshine predicted everywhere; jobs are forecast to expand in 198 of our cities.

THE TOP TEN

1) LAS VEGAS, NV
2) AURORA, CO
3) PLANO, TX
4) AUSTIN, TX
5) RALEIGH, NC
6) LAREDO, TX
7) MORENO VALLEY, CA
8) RIVERSIDE, CA
9) GLENDALE, AZ
10) MESA, AZ

SLOWER GROWERS

191) CLEVELAND, OH
192) RICHMOND, VA
193) PHILADELPHIA, PA
194) WASHINGTON, DC
195) NEWARK, NJ
196) PROVIDENCE, RI
197) NORFOLK, VA
198) NEW ORLEANS, LA
199) DETROIT, MI*
200) ELIZABETH, NJ*

* *declines*

(continued) skin likely to fare given the prevailing atmosphere? How long was your daily commute likely to be, and what were the odds that you'd be able to find a ladies' room when you needed one? Nor did we neglect more soul-nourishing needs, noting how many cultural institutions and houses of worship there were, and what percentage of the citizenry was likely to vote, demonstrating civic commitment.

In addition, we collected the most recent relevant data about crime rates, jobs and workplace equity, child care, medical specialists for women and children, public-school quality, and numerous other factors to fill in our other seven categories. With the help of Fast Forward, a leading demographics consulting firm in Portland, Oregon, we then weighted the data according to your concerns, crunched the numbers and came up with the comparative ratings.

Next, to help us peer into the future, we turned to three sets of expert prognosticators: Woods & Poole Economics, Inc., of Washington, D.C., which estimated population, income and job trends; CAP Index, Inc., of Exton, Pennsylvania, which forecast crime patterns; and Applied Geographic Solutions, Inc., of Thousand Oaks, California, which evaluated the dangers of natural risks such as earthquakes, and provided information on household structure in the future (see charts on page 70).

How did our *(continued)*

Indulge your sweet tooth.



MORE SNEAK PREVIEWS



Admit it: Even if you've never stooped to snoop, we know you've felt the urge to peek into your neighbor's medicine chest. No need to spy. Along with the crucial data charted elsewhere, our demographers uncovered a lot of tantalizing tidbits about the future of our cities—and we're more than happy to share.

HIGHEST male/female ratio in 2020: **Anaheim, CA**
LOWEST male/female ratio in 2020: **Salem, OR**
HIGHEST median household income, 2009: **Stamford, CT**
LOWEST **Buffalo, NY**
BIGGEST reduction in violent crime, 2020: **Las Vegas, NV**
SMALLEST reduction: **Charleston, WV**
LARGEST percentage of people under 19, 2020: **Laredo, TX**
LARGEST percentage of people 65 and over, 2020: **St. Petersburg, FL**
LARGEST percentage of families headed by single moms, 2009: **Detroit, MI**
LARGEST percentage of "traditional" families, 2009: **Moreno Valley, CA**

crowd pleasers

CALIFORNIA SHOULD CONTINUE TO BE THE GOLDEN STATE FOR POPULATION GROWTH DURING THE NEXT TWO DECADES. OUR DEMOGRAPHERS SAY THAT 13 OF THE 50 STRONGEST POPULATION MAGNETS BETWEEN NOW AND 2020 WILL BE CALIFORNIA CITIES. OTHER STATES DESTINED TO BE TOP OF THE POPS: TEXAS, ARIZONA AND FLORIDA

BIG DRAWS

1) PLANO, TX
2) LAS VEGAS, NV
3) LAREDO, TX
4) RALEIGH, NC
5) AURORA, CO
6) VALLEJO, CA
7) BOISE, ID
8) GLENDALE, AZ
9) MESA, AZ
10) PHOENIX, AZ

BIG DROPS

191) HARTFORD, CT
192) DETROIT, MI
193) CLEVELAND, OH
194) KANSAS CITY, KS
195) WASHINGTON, DC
196) NEWARK, NJ
197) RICHMOND, VA
198) NORFOLK, VA
199) NEW ORLEANS, LA
200) PHILADELPHIA, PA

risky business

New Yorkers who have been smarting off about L.A.'s earthquakes and mud slides are in for a civic shock: The Big Apple ranks higher on our risk charts (#68) than the Big Orange (#103).

The forecasters who ranked our 200 cities considered the likelihood of six factors—quakes, hurricanes, tornadoes, dangerous hail, wind, and other weather hazards—to come up with a total risk assessment.

While most of the riskiest cities fell in the Texas/Oklahoma/Midwest tornado alley or coastal hurricane corridor, Memphis, Tennessee, ranked a surprising #21. Elvis wasn't the only local force with the potential to do a whole lot of shakin': A major fault line runs under the Mississippi River Valley.

THE TEN RISKIEST

1) Dallas, TX
2) Mesquite, TX
3) Garland, TX
4) Fort Lauderdale, FL
5) Hollywood, FL
6) St. Petersburg, FL
7) Pasadena, TX
8) Irving, TX
9) Hialeah, FL
10) Independence, MO

THE TEN SAFEST

191) Burlington, VT
192) Modesto, CA
193) Eugene, OR
194) Sacramento, CA
195) El Paso, TX
196) Billings, MT
197) Boise, ID
198) Spokane, WA
199) Honolulu, HI
200) Anchorage, AK

(continued) winners measure up? This year, the ten best come from every region in the country. There are three honorees from California (repeaters Irvine and Thousand Oaks at #5 and newcomer Huntington Beach at #6) and three winners from the Midwest (veterans Ann Arbor, and Madison, Wisconsin, at #10, plus newcomer Fargo, North Dakota at #8). The South was represented by Plano plus two Virginia cities (returnee Virginia Beach at #7 and freshman Alexandria, #9) while the Northeast had one new winner (Stamford, Connecticut, #4).

Our champion cities shared several characteristics. They all had populations under 450,000 and scored in the top quarter of the class on crime-fighting. Most also boasted admirable scores for jobs and education. Still, there were standouts in different categories.

Our three California champs, for instance, were also the three lowest-crime cities of the two hundred we looked at. The lifestyle stars, Stamford and Alexandria, enjoy waterfront locations and high household incomes. One major university city—Madison—got the top score for education, while the other, Ann Arbor, earned high marks for health care and politics as well as schools. Fargo scored big on jobs and lifestyle, and also had the shortest commute of any city: an average 14.3 minutes door-to-door. Virginia Beach performed well in four categories, *(continued)*

Why do I use Curél? Because for dry skin, it's the best lotion on the shelf.

Amy Mankin, Pharmacist



I can use any moisturizer on the shelf. Why do I choose Curél® lotion? Because as a pharmacist, I know clinical studies prove Curél moisturizes better than Lubriderm®, Keri® and other leading lotions. As a woman with dry skin, I know Curél works. It just heals dry skin better.



You can see the Cure in Curél

Tidewater Workshop's
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Continued

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Still, we hasten to point out that, just like your town, these places do h drawbacks: earthquake risks in Cali nia, hurricanes in Virginia Beach, terly cold weather in Fargo, and so Alexandria already has one of the w commutes in our survey. So if y city is not high on our list this y take heart. Any place can be perfe it offers just what you and your fa need at the time. And remember, ings are always subject to change— like centuries. —*text by Lynn Lang*

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The MYSTERIOUS Mrs. Bradley

The wife of former senator Bill Bradley is notoriously quiet about her private life. But if her husband has his way, she'll soon hold one of the most public positions in America: First Lady

By Bernice Kanner



Sipping tea in the elegant lounge of the Grand Hyatt hotel in Manhattan, Ernestine Bradley is the very picture of a political wife. She is smartly dressed in a suit and wrap; small lines around her clear blue eyes are the only hint of her sixty-four years.

But if her husband, former senator Bill Bradley, is elected to the White House next fall, Ernestine, a university professor, would be unique in one respect: She would be one of only two foreign-born First Ladies (John Quincy Adams's wife, Louisa, was born in London). "I bring a new dimension," she says with a soft German accent. "Our country is so multicultural, so multiethnic."

Ernestine's poise and charm have added a needed counterpoint to Bill's well-known dryness and reticence. "Even in interviews with skeptics, she wins them over," says Stephanie St. Onge, her forty-year-old daughter from a previous marriage. "And it's enriching to her how people appreciate Bill, whom she loves above everything."

THE ODD COUPLE

Living in the White House was the last thing young Ernestine Misslbeck imagined for herself. Raised in Passau, Germany, she spent much of her childhood in the grim shadow of war. Her father served in the Luftwaffe, though she insists he was not a member of the Nazi party. In the long hours *(continued)*

ON THE RUN

Above: Ernestine participates in a race to fight breast cancer every year. Below, from left: Sharing a thought with Bill; with younger daughter Theresa Anne; private moments are hard to find during a campaign









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THE MYSTERIOUS MRS. BRADLEY

when nightly air raids forced the family into darkness, Ernestine would huddle over an atlas with only a candle for light, dreaming of America.

Ernestine's skill with languages (she is fluent in four) helped her dream of emigration come true in 1957, when Pan Am hired her as a flight attendant. The job entitled her to a green card and afforded her an opportunity to study at Emory University, in Atlanta. By the time she was thirty, she was a U.S. citizen and a divorced mother.

Stephanie, now an at-home wife and mother of four, lived with her father after the divorce but saw her mother during school breaks. She remembers fun times at the beach, going to museums and plays and learning petit point embroidery and crewel. "She was a confidante to me as a teen, and next to my husband, she's my best friend," Stephanie says.

By 1970, Ernestine was living in the same Manhattan apartment building as a young New York Knicks star named Bill Bradley, but she had no idea who he was. On hiatus from teaching, she was working for a film company that assigned her to ask Bradley to interview poet Marianne Moore. Moore became ill before the film could be made, but a spark ignited between the couple. They wed in 1974.

Twenty-six years and one child later (daughter Theresa Anne was born in 1976), the couple are still "in love and in sync," as Ernestine puts it. Their eight-year age difference has never been an issue.

One key to the success of their relationship is their willingness to allow each other freedom—and make sacrifices. In 1978, when Bill was elected to the Senate, Ernestine stayed with Theresa Anne at their home in New Jersey, where she was teaching at Montclair State University. When Theresa Anne was ten, the Bradleys decided Bill needed more time to be a father, so they sent her to live with him. Now it was Ernestine's turn t commute.

Stephanie praises her mother's de termination to make the best of thing "When I was having trouble in gradu ate school, she wouldn't let me wa low," she says. "She'd say, 'Yes, thing are hard, but get on with it.' "

A TEST OF LOVE

It is a philosophy Ernestine herself h had to live by. In May 1992, she felt lump in her breast. She postpone having a biopsy until after Stephanie wedding, later that month.

In June, Ernestine learned that th lump was malignant. She underwent mastectomy and chemotherapy. He long-term outlook is good, though sh doesn't deny thoughts of a recurrenc "After this hits, you learn you can take anything for granted," she says re flectively. "Life is so much more in tense and precious."

The ordeal cemented the Bradley relationship and gave her a cause sh could believe in: Since 1993 th

uple have supported the Race for the Cure, a series of id-raising races held by the Susan G. Komen Breast Can- r Foundation. Ernestine participates in at least one of the n/walks every year.

APPY (CAMPAIGN) TRAILS

ow Bill is giving Al Gore a good fight for the Democratic omination, and the Bradleys believe Bill can go all the ay. "Bill didn't go into the race to see how far he'd get," nestine says. "He always thought he would win."

Ernestine adds that he should appeal to women voters cause of his track record in the Senate on issues such as productive choice, welfare reform and longer hospital ays for new mothers. "If I weren't his wife, I'd still vote r him," Ernestine ys. "I love his ab- nce of dema- oguery, harshness id aggressiveness."



One of her great- st assets to the cam- aign, she believes, is ne fact that she oesn't come from a olitical background. I see myself as an verage voter. I et my information om standing in line t the supermarket, nd listening to what eople in my classes

Older daughter Stephanie says her mother's honest criticism is an asset. "When Bill does something goofy, she calls him on it"

want." In a gesture of solidarity, Ernestine took a leave of absence from Montclair State last year in order to help drum up support for the Bradley campaign.

It's unlikely that Ernestine would try to influence legisla- ion, though she may become active in other issues in addi- ion to breast-cancer research. Still, she applauds Hillary Rodham Clinton's ambition. "She seems to be coming into ner own, establishing her own political career and enjoying it," she says. "It's important that women who want to climb in any direction have a clear path."

What of the more distant future? Will we ever see a woman President? Ernestine Bradley flashes a high-voltage smile. "Soon—after my Bill is out of the White House." ■

Bernice Kanner is a frequent contributor to Ladies' Home Journal.





Pamela Martens, Judith Mione and Roberta Thomann (left to right) led the landmark legal battle that is revolutionizing treatment of women on Wall Street



No More BOYS' CLUB

The women in this financial firm say they were sexually harassed, paid less than their male colleagues, and humiliated in what the men called the "Boom Boom Room"—until they finally made Wall Street pay By Bernard Lefkowitz

Pamela Martens will never forget the break room at her old job. It was located in the basement of the two-story building in Garden City, New York, and it was referred to as the "Boom Boom Room." Clearly, Martens and her female co-workers at this branch office of the giant brokerage firm Smith Barney (now known as Salomon Smith Barney) weren't welcome. The room was decorated in a style that might be called Basic Frat House: A toilet bowl and a bicycle hung from the ceiling, and a garbage can overflowed with Bloody Marys. The male brokers who gathered there would joke that female employees who didn't "behave" would be "dealt with" in the Boom Boom Room, says Martens.

The degrading environment at Smith Barney's Garden City branch wasn't restricted to the Boom Boom Room. According to Martens, a fifty-four-year-old stockbroker, some of the fifty-eight male brokers had a tendency to make contemptuous comments about their female counterparts (four stockbrokers and twenty-four sales assistants), calling them "whores" and "bitches." When one female broker walked into the bullpen, where broker-trainees worked, she discovered her name written on the *(continued)*



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(continued) blackboard—with a notation that she "gives good head."

While this behavior was offensive and upsetting to the women, they were determined to succeed. "I grew up poor but proud in West Virginia," says Martens. "When I started at the company in 1985, I had one goal: to make sure that my son wouldn't have to go through the poverty I did as a child." And it seemed she had succeeded: Over the course of a decade, she brought in hundreds of clients and managed $187 million in assets.

Roberta Thomann, thirty-three, also hoped she could rise above the boys' club atmosphere. Thomann, who began working as a sales assistant in 1991, had recently married and hoped to make enough money to buy a house and start a family. Her goal was to become a broker, and she was doing well: Thomann was selected as "sales assistant of the month" after three months on the job.

Unfortunately, perseverance and ability weren't enough to succeed at Smith Barney's Garden City office—not if you were a woman. After the stock market crash of 1987, Martens claims that her boss, branch manager Nicholas Cuneo, strongly suggested that she forgo her commissions, which brought her annual pay to $80,000, and accept a flat salary of $40,000.

After she refused, Martens says Cuneo rarely referred to her by name, calling her "the Stepford Wife." In addition, Martens was never promoted to the prestigious and lucrative position of vice president, although male brokers who produced less than she did were routinely accorded the title, she says. Martens was distraught. Her husband, Russell, recalls telling her, " 'If you don't want to stay at this job, leave.' But she'd say, 'I'm not a quitter.' "



The Boom Boom Room and other reports of the degrading environment at Smith Barney's Garden City branch captured headlines across the nation

Thomann says she experienced similar discrimination. In April 1994, she went on a six-week maternity leave. "I never got my job back," she says. "I was supposed to return on a Monday, and a branch official called me the Friday before to tell me that my position had been filled. He said I could come back as a cashier or work in the bullpen for eleven broker-trainees, in a basement office. So, in six weeks, I went from being a highly regarded assistant to one broker to an assistant to eleven."

"That's against the law," Thomann recalls telling the official, her voice cracking. "I want my position back."

According to Thomann, the official said, "Take one of these jobs, or don't come in at all." By contrast, male employees who took sick leave were not demoted or reassigned, according to a complaint filed later.

Although she was bitter and demoralized, Thomann felt she had no alternative but to take the job in the bullpen. "I had to work," she says.

Thomann returned to Smith Barney in June. Then, she says, on August 31,

Some of the male stockbrokers made contemptuous comments about the women they worked with, calling them "whores" and "bitches," says a female broker

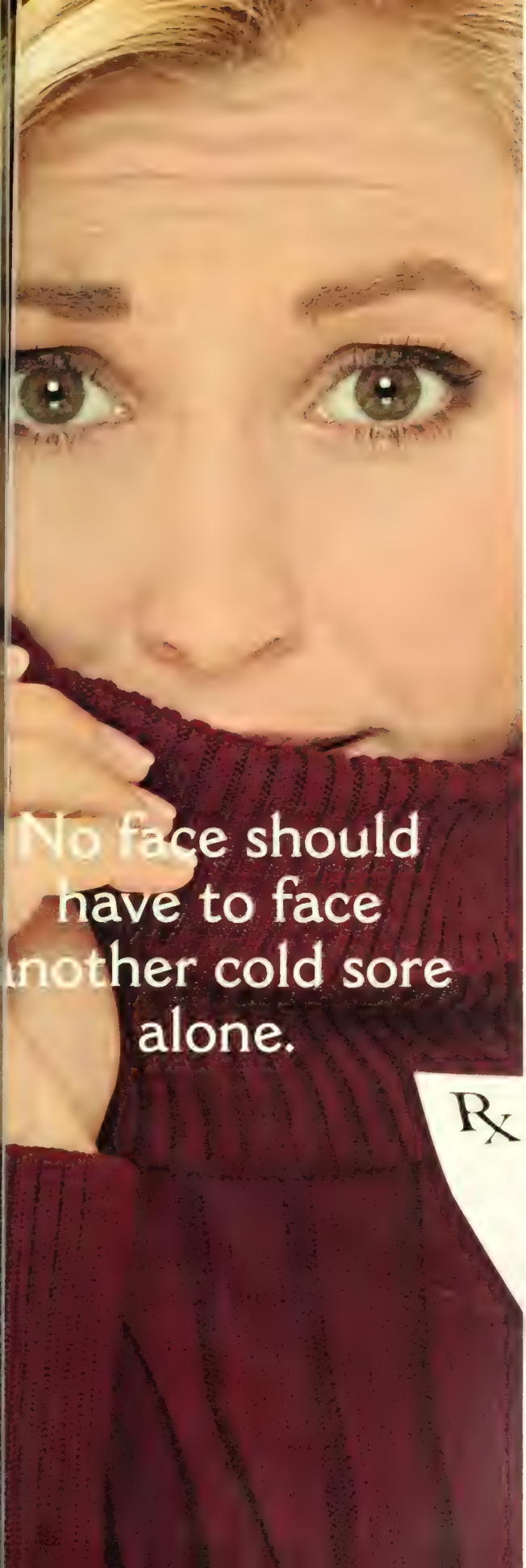
Cuneo called a meeting of the office's twenty-four female sales assistants. He allegedly told them they would be required to serve coffee to the male brokers at a golf tournament that would benefit his favorite charity. They would have to wear short burgundy skirts. Those who refused, he said, would be denied raises, bonuses or paid vacation, recalls Thomann.

She was fed up. Thomann stood up and quietly said, "That's against the law." Then, according to Thomann, Cuneo told her to take up her complaint with another manager.

After the meeting, Martens spotted Thomann, who looked like she had just come from a funeral. Her face was pale, her blue eyes red-rimmed and her mouth set in a grim line. "What's wrong?" Martens asked.

"It's unbelievable," Thomann whispered. "He just threatened our jobs."

Fuming, Martens went to a meeting with Cuneo and other brokers in the branch. There, according *(continued)*



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Carcinogenesis, Mutagenesis, Impairment of Fertility
In clinical trials, systemic drug exposure following topical administration of penciclovir cream was negligible, as penciclovir content of all plasma and urine samples was below the limit of assay detection (0.1 mcg/mL and 10 mcg/mL, respectively). However, for the purpose of inter-species dose comparisons presented in the following sections, an assumption of 100% absorption of penciclovir from the topically applied product has been used. Based on use of the maximal recommended topical dose of penciclovir of 0.05 mg/kg/day and assuming 100% absorption, the maximum theoretical plasma AUC0-24 hrs for penciclovir is approximately 0.129 mcg hr/mL.
Carcinogenesis: Two-year carcinogenicity studies were conducted with famciclovir (the oral prodrug of penciclovir) in rats and mice. An increase in the incidence of mammary adenocarcinoma (a common tumor in female rats of the strain used) was seen in female rats receiving 600 mg/kg/day (approximately 395x the maximum theoretical human exposure to penciclovir following application of the topical product, based on area under the plasma concentration curve comparisons [24 hr. AUC]). No increases in tumor incidence were seen among male rats treated at doses up to 240 mg/kg/day (approximately 190x the maximum theoretical human AUC for penciclovir), or in male and female mice at doses up to 600 mg/kg/day (approximately 100x the maximum theoretical human AUC for penciclovir).
Mutagenesis: When tested *in vitro*, penciclovir did not cause an increase in gene mutation in the Ames assay using multiple strains of *S. typhimurium* or *E. coli* (at up to 20,000 mcg/plate), nor did it cause an increase in unscheduled DNA repair in mammalian HeLa S3 cells (at up to 5,000 mcg/mL). However, an increase in clastogenic responses was seen with penciclovir in the L5178Y mouse lymphoma cell assay at doses ≥1000 mcg/mL and, in human lymphocytes incubated *in vitro* at doses ≥250 mcg/mL. When tested *in vivo*, penciclovir caused an increase in micronuclei in mouse bone marrow following intravenous administration of doses ≥500 mg/kg (≥810x the maximum human dose, based on body surface area conversion).
Impairment of Fertility: Testicular toxicity was observed in rats and dogs following repeated intravenous administration of penciclovir (160 mg/kg/day and 100 mg/kg/day, respectively, approximately 1155 and 3255x the maximum theoretical human AUC). Testicular changes seen in both species included atrophy of the seminiferous tubules and reductions in epididymal sperm counts and/or an increased incidence of sperm with abnormal morphology or reduced motility. Adverse testicular effects were related to an increasing dose or duration of exposure to penciclovir. No adverse testicular or reproductive effects (fertility and reproductive function) were observed in rats after 10 to 13 weeks dosing at 80 mg/kg/day, or testicular effects in do after 13 weeks dosing at 30 mg/kg/day (575 and 845x the maximum theoretical human AUC, respectiv Intravenously administered penciclovir had no effect on fertility or reproductive performance in female doses of up to 80 mg/kg/day (260x the maximum human dose [BSA]). There was no evidence of any c significant effects on sperm count, motility or morphology in two placebo-controlled clinical trials of Fa (famciclovir [the oral prodrug of penciclovir], 250 mg b.i.d.; n=66) in immunocompetent men with recu genital herpes, when dosing and follow-up were maintained for 18 and 8 weeks, respectively (approxir 2 and 1 spermatogenic cycles in the human).
Pregnancy
Teratogenic Effects-Pregnancy Category B. No adverse effects on the course and outcome of pregna on fetal development were noted in rats and rabbits following intravenous administration of penciclovir doses of 80 and 60 mg/kg/day, respectively (estimated human equivalent doses of 13 and 18 mg/kg/d the rat and rabbit, respectively, based on body surface area conversion; the body surface area doses be 260 and 355x the maximum recommended dose following topical application of the penciclovir cream) are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies always predictive of human response, use penciclovir during pregnancy only if clearly needed.

Nursing Mothers
There is no information on whether penciclovir is excreted in human milk after topical administration. However, following oral administration of famciclovir (the oral prodrug of penciclovir) to lactating rats, p clovir was excreted in breast milk at concentrations higher than those seen in plasma. Therefore, when ing whether to discontinue the drug, take into account the importance of the drug to the mother. There data on the safety of penciclovir in newborns.
Pediatric Use
Safety and effectiveness in pediatric patients have not been established.
Geriatric Use
In 74 patients > 65 years of age, the adverse events profile was comparable to that observed in younger p

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In two double-blind, placebo-controlled trials, 1516 patients were treated with *Denavir* and 1541 with p bo. The most frequently reported adverse event was headache, which occurred in 5.3% of the patients with *Denavir* and 5.8% of the placebo-treated patients. One or more local adverse reactions were repo 2.7% of the patients treated with *Denavir* and 3.9% of placebo-treated patients. Local adverse reaction reported in Phase III trials with *Denavir* included application site reaction (1.3%), hypesthesia/local anes (0.9%), taste perversion (0.2%), erythematous rash (0.1%). Two studies enrolling 108 healthy subjects ated the dermal tolerance of 5% penciclovir cream (a 5-fold higher concentration than the commercial lation), compared to vehicle using repeated occluded patch testing methodology. The 5% penciclovir cr induced mild erythema in approximately one half of the subjects exposed, an irritancy profile similar to vehicle control in terms of severity and proportion of subjects with a response. No evidence of sensitiza was observed.

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NO MORE BOYS' CLUB

(Continued)

to Martens, he repeated what he had told the sales assistants. But instead of sitting silently, as she had during so many of the manager's tirades over the years, Martens spoke up. Biting off every word, she said, "This is nothing but extortion. You treat the women here like indentured servants. You will not get away with this."

According to Martens, Cuneo replied, "You're going to be tossed from this office, and we'll throw a party to celebrate."

"I don't think so," Martens said.

In October 1994, Martens sent a letter to Smith Barney's chairman and CEO, complaining about the treatment of women at the Garden City branch. The company assured her that they would investigate the matter, but two months passed and she received no response, she says. So she wrote a second letter. When Thomann wrote to Smith Barney's personnel department to complain about her job change, she claims that officials informed her that her accusations of discrimination were without merit. She resigned in October. Smith Barney says that both Martens's and Thomann's claims against the firm are unresolved.

Martens recalls that despite her complaints, Cuneo acted as though he were invulnerable. Perhaps there was a reason for his confidence: compulsory arbitration. As was true at most brokerages, every employee was required to sign an agreement that any dispute that couldn't be resolved on the branch level would be taken to a panel of arbitrators selected and paid for by the securities industry. What many female employees didn't realize when they signed the agreement was that 89 percent of the arbitrators were men. Nearly half were retired.

During the fall of 1994, Martens, Thomann and sales assistant Judith Mione, who also says she experienced discrimination at Smith Barney, spent hours on the phone trying to decide what to do. If they sued, they could be blackballed from the industry. And what law firm would take such a difficult case? Finally, they filed separate complaints with the Equal Employment Opportunity Commission (EEOC). Martens's complaint was the first to be filed.

In January 1995, a Smith Barney official informed her in writing that her charges had already been investigated and that Cuneo had been placed on leave of absence. "While Mr. Cuneo has his positive qualities, it also appears that his conduct and manner have fallen short of the high standards which Smith Barney expects of its managers," the letter stated. Later that year, in October the co-manager of the Garden City office announced that Cuneo, who was in his fifties, was retiring. On October 19 Martens alleges that the company held a lavish party for him. Four days later Martens says she was fired for missing a staff meeting. But she claims that at least nineteen male brokers hadn't attended either—and they still had their jobs.

"I was really frightened," say

·ns. "Would I ever find a job in this industry?"

ıile the women's complaints lan-ed in the EEOC files, Martens ·d for a new job at three major :rages. All of them turned her . "They [Smith Barney] black-me," she charges.

January 1996, Martens read an : about two Chicago attorneys, Stowell and Linda Friedman, had settled a gender discrimina-suit against another securities She told Roberta Thomann t the lawyers, and the next day nann called them. Stowell and lman were appalled by the ac-ts of sexual harassment against the en at the Garden City branch, : was the reports of economic dis-nation that really got their atten-"The men who succeeded in this stry were in their twenties, and were making upward of two red thousand dollars a year," says lman. "It was terribly unfair that en were shut out of this incredi-pportunity."

ıe attorneys concluded that the strategy that could supersede the pany's arbitration requirement was ss-action suit, which would charge pany-wide bias against women. prove that the discrimination ex-ed far beyond the Long Island rb, Stowell and Friedman went ıgh the company's internal phone :. "We found that eleven percent ıe company's approximately ten sand brokers were female," recalls vell. "Nearly all of the women sales assistants or in other low-ıg positions."

n May 20, 1996, Stowell and dman filed a class-action suit on lf of Martens, Thomann and Ju-Mione against Smith Barney and eo in federal court in New York. complaint alleged a wide range of riminatory practices, including a erence for training and hiring men broker and management positions, ng women lower wages for the work as men, failing to promote ified women to better-paying jobs, penalizing them when they be-e mothers.

At the time, Mary McDermott, a spokesperson for Travelers Group, Inc. (now known as Citigroup), which owns Smith Barney, said, "The allegations . . . are absurd. The suit is about one former broker and two sales assistants who are unhappy with one branch manager."

Was this really just about one branch office? Not according to women who worked at other Smith Barney offices. The attorneys started to get phone calls from these women, who were furious at Smith Barney's claim that the discrimination in Garden City was an isolated incident, recalls Friedman. "We began rounding up women to join the suit."

Two of the women who came on board were Stanette Rose and Lisa Mays. They had been co-workers in the Walnut Creek, California, office of Smith Barney. Mays, a wire operator, claimed that in 1990, one of the brokers pinned her against a wall and tried to lift up her skirt. She recalled that the assault occurred early one morning when the office was empty; only another employee's arrival interrupted it.

After Mays made a verbal complaint, she says that a supervisor told her, "You must have taken it the wrong way; he'd never do that."

Rose says she also encountered sexual misconduct. In a written statement to Stowell and Friedman, she alleged that several times she was "touched, stroked and chased . . . in the back office hallway" by a broker. She claimed that another broker approached her daily and asked what kind of underwear she was wearing. "When I asked him to stop," she claims, "he laughed and refused, even going so far as to ask what position I liked best during sex. I went to the then–branch manager [and] was laughed at. He said, 'Leave him alone; he's going through a midlife crisis.' "

In a phone conversation, Rose told Martens that she was mostly bothered by what she perceived as a pattern of financial prejudice. Although she was being paid as a sales assistant, she says her supervisors were asking her to do tasks usually assigned to a broker. For five years Rose had studied to take the broker's examination, but *(continued)*



(continued) she claims the company refused to consider her for a broker-trainee position. Yet, she says, males were routinely hired as broker-trainees and were encouraged to take the exam. Rose claims that the branch manager told her that she should "marry a wealthy husband and not worry [her] pretty little head about the stock market."

"Welcome aboard," Martens said.

By October 1996, twenty-two more women from Smith Barney branches around the country had joined the suit. The federal court granted permission for the Chicago lawyers to examine the company's human-resources data. In their research, they learned that Smith Barney had about 400 branch offices, but only ten women were branch managers. And those who had been promoted to broker made much less money than men: Male brokers typically earned more than $200,000 a year, while their female counterparts had incomes of less than $100,000.

Smith Barney offered to settle, although Joan Guggenheimer, general counsel for the company, emphasizes that the settlement should not be interpreted as an "agreement that all the allegations in the complaint were necessarily correct." In April 1998, most of the twenty-five women named in the lawsuit traveled to New York to celebrate with champagne, corsages and limos. At a press conference, attorney Linda Friedman praised the settlement, saying, "We have forever changed the New York Stock Exchange by exposing the unfairness of the system." But the excitement was more guarded among the women who worked for Smith Barney. While Stanette Rose said she was optimistic about the agreement, she acknowledged that she hadn't seen men's behavior improve at work.

Smith Barney allocated $1.9 million to be divided among twenty-three plaintiffs. (Martens and Mione opted out of the settlement.) The women may receive additional damages through the settlement process. Also entitled to file claims were twenty-three thousand women who worked for Smith Barney between 1993 and 1997. About two thousand of these women came forward.

One female sales assistant who was studying to take the broker's examination says she was told by a manager to "marry a wealthy husband and not worry [her] pretty little head about the stock market"

For the purposes of the settlement, the company agreed to fund a new dispute-resolution system managed by an independent organization, the Private Adjudication Center, in Durham, North Carolina. Smith Barney also announced that it would spend at least $15 million to improve diversity. It promised to increase the number of women in broker-trainee programs to 33 percent, and to fill at least 10 percent of its branch manager openings with women.

But Martens and Judith Mione were unhappy with the terms of the settlement. Martens questions whether the arbitration process can truly function impartially when it's funded by the company. In addition, she claims that many of the male employees accused of misconduct weren't reprimanded and have been permitted to retain their positions. Martens and Mione are continuing to pursue their lawsuit against Smith Barney. A hearing was held la September in federal court in Ne York to determine whether th women's case can proceed. At pr time the judge had not yet ruled.

As for Thomann, she believes th the women did the right thing by se tling because "no one knows wh would have happened if we had go through the court system."

What's indisputable is that th Smith Barney case set the stage f other important victories for W Street women. After taking on Smi Barney, Stowell and Friedm brought a lawsuit against Merr Lynch in 1997, charging econom discrimination against women br kers. Like Smith Barney, Merr Lynch agreed to settle. This time, t settlement did away entirely with t company's compulsory arbitrati policy. As a result of these case women on Wall Street are less willi to submit to discriminatory behavi to keep their jobs. Most recently, fo women have filed sex discriminati charges on behalf of all female fina cial advisors against American Expr Financial Advisors, and a female Mo gan Stanley securities saleswoman h alleged economic discriminatio Both cases are with the EEOC.

Today, Roberta Thomann coord nates environmental projects for th Catholic Diocese of Brookly Pamela Martens is a successful broke managing more than $160 million assets. She remains optimistic abo women prevailing against male dom nance in the securities industry. " small band of women are stormi the gates of Wall Street, the last pla tation in America," she says. "Wh we're done, this business will final look like the face of the country." ■

SPEAK UP!

Have you been sexually harassed in the workplace? Need advice on taking action? Log on to www.lhj.com/solution to join our new Sexual Harassment discussion group. There, you can share your stories with women just like you.

ley Mom! Enter the High Powered Kids Contest

d out how you and the California Prune Board can help fuel your child's dreams

Your kid + one essay = $10,000

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10,000 & a trip to NYC to neet "Home Improvement" tar Zachery Ty Bryan

le California Prune Board is looking for exceptional kids tween the ages of 5–12 who use their high energy to do sitive things for their community. Whether it involves orts, school, family or volunteer activities, we are looking r children who are fueled by great ideas, goals and rsonal achievements.

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Grand Prize
$10,000 cash to be used to further pursue their ongoing passions/activities, plus a 3 day trip for two to New York City

Four Regional Finalists
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(5) Runners Up
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California Prune Snack Packs
and a "Prune Power" T-shirt

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ow To Enter

Parents with children between the ages of 5–12 (with help from their child) should send a written description (300-500 words) on why their kid deserves to be named a "Packed with Power Kid." See contest details below.

FICIAL RULES: 1. No purchase necessary to enter or win. On a piece of 8 1/2 x11-inch paper, print or type the following information: parent/guardian and child's name, address, city, te, ZIP code, phone number, age, and signature. Collaborate with your child (ages 5-12 years) on a 300-500 word essay (approximately 1 page) and tell us why your child deserves to be med a "Power Kid." The essay should describe your child's high energy level and explain how he/she uses this energy to accomplish great things at home, academically, in sports or in r community. We are looking for kids who are channeling their high energy into positive ideas, goals, and activities and, as a result, achieve success in the areas of academics, sports, mmunity projects, education or the arts. **2.** Mail entry to Prune Power Contest, c/o LHJ, 125 Park Avenue, New York, NY 10017 or enter via e-mail by visiting the California Prune Board's b site at www.prunes.org. Contest begins January 3, 2000. All e-mail entries must be received by midnight E.T., February 28, 2000. Mail entries must be postmarked by February 28, 00 and received no later than March 8, 2000. No responsibility is assumed for lost, late, incomplete or misdirected entries; technical, hardware or software failures or errors of any kind; t or unavailable network connections; or incomplete, garbled or delayed computer transmissions. One entry per household allowed. **3.** The contest is open to any legal resident of the ., 18 years or older, except employees and their immediate families and households of Meredith Corporation, Ketchum Public Relations Worldwide, California Prune Board and California ne industry and their divisions, subsidiaries or affiliates. Children of the adult entrants must be between the ages of 5 years of age and 12 years of age on 12/28/00.

rand Prize: 1) $10,000 cash prize to be awarded to the child described in the essay, and used to further pursue and develop the interests, talents and skills described in the essay; 2) Date of trip is at the sole discretion of the California Prune Board. Approximate retail value, $3,000. Included are two (2) nights' accommodations, all meals, ground transportation and round-trip coach airfare to New York City from major gateway nearest winner's residence. Some travel restrictions may apply. Winner and parent described in the essay must be able to participate in potential television appearances during their stay in New York, except where prohibited. If winner and parent are unable to comply with these requirements, prize is forfeited and an alternate winner may be selected. **PRIZES:** Regional Prizes (4) East, West, South and Midwest $1,000 Cash Award. Runners Up (100) California Snack Packs and one (1) T-shirt per winner. Approximate retail value: $30. **5.** All entries and materials submitted become the property of Meredith Corporation, publisher of LADIES' HOME JOURNAL and The CALIFORNIA PRUNE BOARD and will not be returned or acknowledged. Representatives of LADIES' HOME JOURNAL and The CALIFORNIA PRUNE BOARD will judge all entries and select the winner(s). Entries must be original and not previously published. **6.** Contest entries will be judged on: A) The child's passion and genuine interest and enthusiasm toward the activity or project as well as the time and effort put on the activity/project (50%); B) The uniqueness of the activity/project (25%) and C) Level of challenge or difficulty (25%), depending on child's age. **7.** Twenty (20) finalists will be contacted by mail on or before March 20, 2000, and will receive a blank video with a prepaid postage stamped envelope. Finalists will be asked to film the child engaged in his/her "power" activity and/or describing their activity in person. In lieu of a video, finalists may submit a photo collage representing current and past pictures of he/she participating in their project/activity. Finalist entries must be received by April 13, 2000. Five (5) finalists will be selected from the video/photo submissions. All decisions of the judges are final. No correspondence or telephone inquiries about the contest or judging will be accepted. LADIES' HOME JOURNAL and the CALIFORNIA PRUNE BOARD reserve the right to edit the winning entries. **8.** Winners will be selected and notified by telephone or mail on or about May 5, 2000. All prizes will be awarded by mail. If any prize-notification letter is returned as undeliverable or we do not receive a response within ten (10) days of mailing, the prize will be awarded to an alternate winner. Grand Prize winner must consent to be available at the request of LADIES' HOME JOURNAL and the CALIFORNIA PRUNE BOARD to participate and render services in photography/taping sessions and media interviews, except where prohibited. Winners also agree by entering the contest to Meredith Corporation and The CALIFORNIA PRUNE BOARD the right to use their entry name, hometown, photos and voice and the name, hometown, photo and voice of the winning child in connection with editorial, public relations, promotional and advertising purposes, unless prohibited by law. Winners must sign an affidavit of eligibility and Grand Prize and Regional Prize winners must complete a Publicity and Liability Release (except where prohibited). An Assignment of all rights, title and interest including copyrights to entry to Meredith within 10 days of notification, or an alternate winner may be selected. awarding of the prizes is contingent upon full compliance with the rules. One prize per person. **9.** All U.S. federal, state and local laws and regulations apply. Void where prohibited. Applicable taxes are the sole responsibility of winners. Prizes are not exchangeable or transferable. No substitution or cash in lieu of prizes except at the discretion of Meredith Corporation and the CALIFORNIA PRUNE BOARD. For winners' list, send a separate self-addressed, stamped envelope after May 5, 2000 to LADIES' HOME JOURNAL Prune Power Winners List, 125 Park Avenue, 19th Floor, New York, NY, 10017. **10.** This contest is sponsored by the California Prune Board and promoted by Ketchum Public Relations, 1050 Battery Street, San Francisco, CA 94111, and Meredith Corporation, 1716 ust, Des Moines, IA 50309-3023. The California Prune Board is a nonprofit organization based in Pleasanton, CA, created to promote prunes worldwide and encourage increased consumption.

By Mary C. Hickey



Q: HOW SHOULD I DEAL WITH JEALOUS CO-WORKERS?

You've finally gotten the perfect schedule: Maybe you work from home two days a week, or perhaps you've gone part-time. But now you've got another problem: colleagues who seem jealous of your arrangement. What's the best way to deal?

A: "Show that you're a team player and try to be helpful to your colleagues so that they recognize your contribution and won't worry so much about your hours. If you're occasionally needed at the office when you're not scheduled to work, for example, make yourself available."—*Richard Wessler, Ph.D., professor of psychology at Pace University, in Pleasantville, New York*

A: "Good, open communication is usually the best way to ease any tensions at work. Make sure your colleagues know the reason you work the schedule you do: that you've got small children at home or that you're taking care of an aging parent. Let them know you've made tradeoffs—like taking a pay cut or forgoing benefits."—*Linda Talley, author of* Business Finesse: Dealing with Sticky Situations in the Workplace *(Leadership U. Press, 1998)*

A: "Be sensitive to the fact that your co-workers may need to cover for you when you're away. Let them know how much you appreciate it. Say thank you once in a while to a person who pinch-hits for you; you might even bring her flowers. Offer to fill in for her if she ever needs to be away. Invest in the relationship: It's hard for someone to resent you if she sees you value her."—*Bob Nelson, author of* 1001 Ways to Take Initiative at Work *(Workman, 1999)*

IN CASE OF A Child-Care EMERGENCY

Snow days. A baby-sitter who calls in sick. Such crises are an inevitable part of life as a working mom. Here's what you can do to prepare

1 **Line up backups.** Find baby-sitters who can work on a per diem basis by posting notices at local senior centers, colleges, pediatricians' offices. Interview prospective sitters (and check their references) in advance.

2 **Register at a drop-in center.** Many companies have child-care centers for employees to use in an emergency. These may accept outside kids as well. Often regular child-care centers also allow for "drop-in" care. Do the paperwork in advance so you'll be able to drop your child off without fanfare.

3 **Set up a swap.** Ask an at-home parent of one your child's friends to mind your child in case of a snow day. In exchange, offer to watch her kids on a weekend or for an evening or two.

4 **Talk to your boss.** Ask in advance for permission to bring your child to the office (or to do your work from home) as a "last resort" on a snow day or if your regular child care falls through. Don't abuse the privilege, but don't hesitate to use it, either.

MY BALANCED LIFE: STAY-AT-HOME MOM





VITAL STATS: Gay Larsen, 50, of Stamford, CT. Married mother of two daughters, 19 and 16, and a son, 11.

RECENT CHANGE: After working full-time since her kids were babies, Larsen recently quit her high-pressured job in public relations to consult part-time at home.

WHY SHE DID IT (part I): "I feel like my kids need me more now than when they were younger," she says. "They're at the age when they're looking for emotional and moral guidance—not the kinds of things you can pay other people to give them. They'll all be out of the house soon, and I want to make the most of the time I've got left with them."

WHY SHE DID IT (part II): "My career is pretty well established by now, so it was relatively easy for me to find consulting work. I expect that I'll eventually be able to earn as much as I used to."

WHAT SHE MISSES: Professional camaraderie.

WHAT SHE DOESN'T: Getting home at 7:30 P.M. and throwing dinner on the table, usually takeout. "I actually prepared good, healthy meals six nights in a row last week. That's a record for me."

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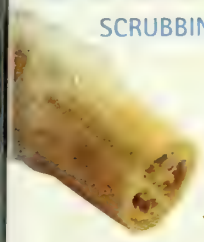
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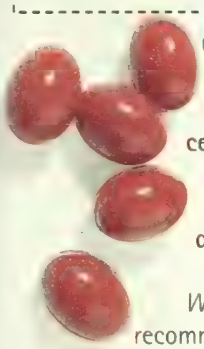
SCRUBBING WITH GERMS?

If you use a loofah sponge in the shower, disinfect it monthly with one part bleach to ten parts water for one minute, says Mount Sinai Hospital experts. Otherwise, **the sponge can become contaminated with bacteria that cause skin irritation.**



SMART SHOPPING

If you purchase items from Barnes & Noble, J. Crew and others through *www.iGive.com* and *www.shop2give.com*, vendors will donate **between 2 and 15 percent of the sale to the Society for Women's Health Research** if you designate them as a recipient.



CELLULITE BLAST

Cellasene, **marketed as a cellulite reducer, is not only useless, it's potentially dangerous,** reports the *UC Berkeley Wellness Letter*. The recommended daily dose contains almost five times the RDA for iodine, which could cause thyroid problems.



SNOOZING TEENS

If your teen grumbles about going to class at seven-thirty A.M., he may have a good reason. Kids going through puberty experience body-clock changes. **To a fifteen-year-old, seven A.M. feels like four or five A.M.,** says David N. Neubauer, M.D., associate director of the Johns Hopkins Sleep Disorders Center.

—Christine Many



IN THE NEWS

AN INFERTILITY FIRST

For the thousands of women who have become prematurely infertile due to ovary-damaging chemotherapy or radiation, or who have had their ovaries removed because of benign cysts, a groundbreaking new procedure may offer hope that they could one day have children.

Could a new surgical procedure one day dramatically extend a woman's childbearing years?

Last February, for the first time ever, doctors at Brooklyn's New York Methodist Hospital reimplanted a woman's ovary. Margaret Lloyd-Hart, thirty, had lost one ovary at age seventeen because of benign cysts. The second ovary was removed years later to relieve unpredictable periods. (A dancer, Lloyd-Hart suffered from exercise-induced amenorrhea.) That ovary was sectioned and frozen. In the most recent procedure, her surgeon, Kutluk Oktay, M.D., director of reproductive endocrinology and infertility at New York Methodist Hospital, was able to sew the pieces together and reimplant them. Lloyd-Hart has since ovulated and had a period.

But while this procedure certainly gives women looking to restore fertility new hope, it's not for everyone. Women past the age of thirty-five are not candidates, because they've already lost too much ovarian function. Nor will the transplant procedure be offered to help a woman extend her childbearing years. "At this stage, it would be unethical to remove an ovary from a healthy person to reimplant later," says Oktay. An infertile woman who hopes to receive an ovary from a donor in order to conceive would also be disappointed. The drugs used to suppress rejection can't be taken during pregnancy.

None of this is to say things won't change. "If, after more testing, this procedure proves to help young women with large benign cysts or who have undergone chemo- or radiotherapy," says Oktay, "it may also be used to help others."

—Donna Christiano ▶

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Signature _____

Mr. Mrs. Ms. _____
Name (Please Print Clearly)

Address _____

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- **OSCAR MAYER BACON:** Crumbled over a salad or tucked into a sandwich, one slice of bacon provides a major flavor boost—for only 35 calories and 3 grams of fat.
- **3 MUSKETEERS:** Each mini-size bar has a teeny-weeny 24 calories and 0.7 fat grams.
- **I CAN'T BELIEVE IT'S NOT BUTTER SPRAY:** Five sprays equals zero calories, zero fat, and it's great on air-popped popcorn.
- **POLLY-O LITE STRING CHEESE:** A cube of most types of cheese has mega calories and fat grams. But one piece of *this* brand has only 60 calories and 2.5 grams of fat.
- **MRS. T'S POTATO AND CHEDDAR PIEROGIES:** A diet food that promises no post-prandial waistband squeeze: One pierogie has a harmless 60 calories and 0.8 grams of fat.

—Nicci Micco

WHAT'S IN, WHAT'S OUT

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HOT STONE MASSAGE THERAPY	HOT WATER BOTTLES
OXYGEN FACIALS	OXYGEN BARS
GERM-RESISTANT GYM CLOTHES	SMELLY GYM SOCKS AND SHORTS
GENDER-BASED MEDICINE; HIS-AND-HER DRUGS	TREATING MEN AND WOMEN ALIKE

Q IS ORGANIC PRODUCE REALLY SAFER TO EAT THAN NONORGANIC FRUITS AND VEGETABLES?



A Contrary to what many people think, organic doesn't necessarily mean pesticide-free, says Katherine DiMatteo, executive director of the Organic Trade Association. A recent study found that while 77 percent of nonorganic produce tested had traces of pesticides, so did 25 percent of the organic produce—although at lower levels.

So while buying organic is no guarantee, doing so can minimize your exposure to pesticides. (Be sure to look for the "certified organic" label, which means the farms that grew the produce have been inspected by certification agencies, and be prepared to pay up to 30 percent more.) Keep in mind, too, that research has found that washing *any* kind of produce can reduce pesticide residues.

—Arricca Elin SanSone

Make red your color.



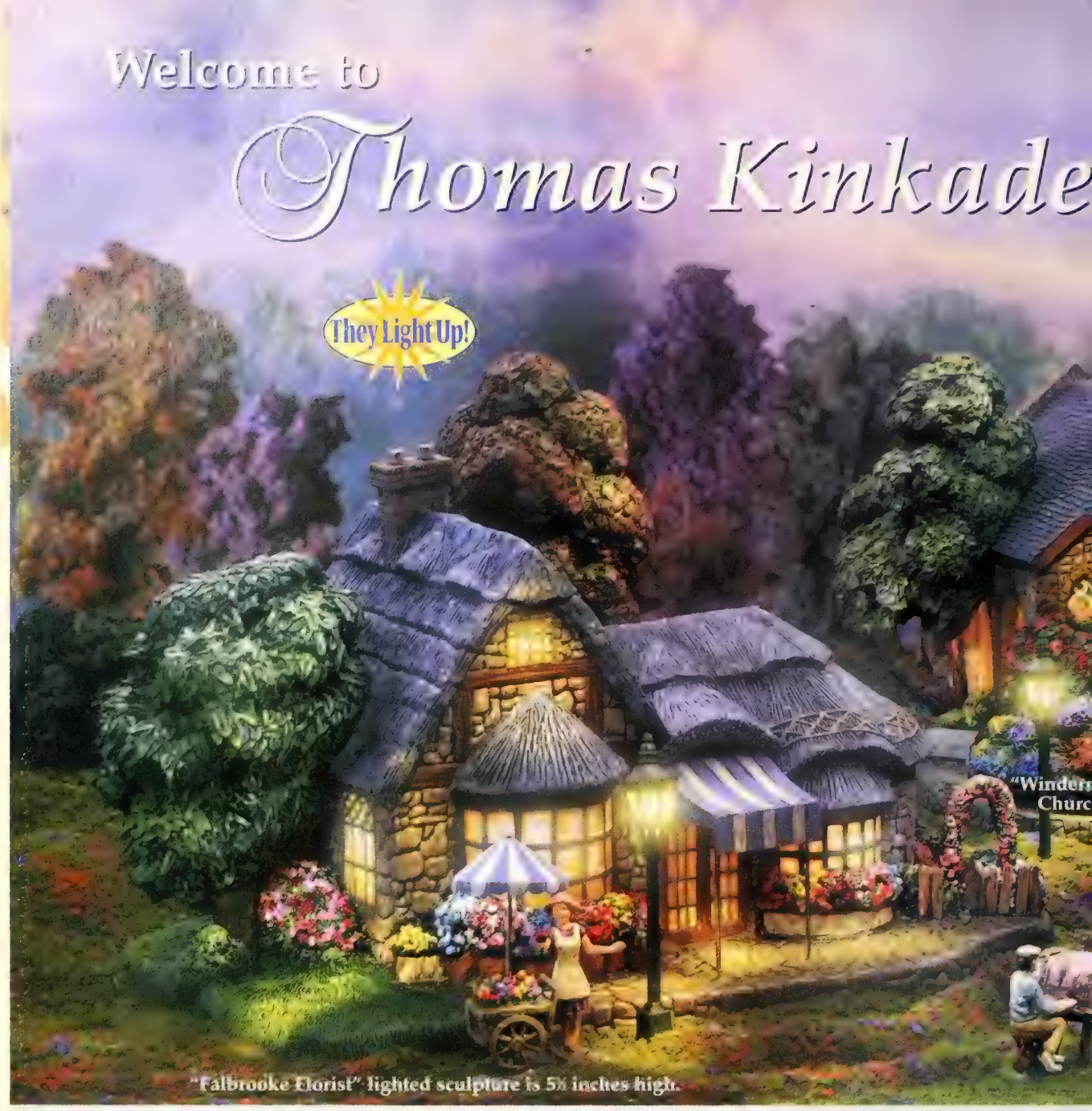
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On My WORST Behavior



In this column, Contributing Editor MELINDA MARSHALL chronicles family life as it really is

Parents are supposed to set a sterling example in front of their kids. But what's to be done when we really screw up?

By Melinda Marshall



Good mothers, bad behavior: Mom comes completely unhinged

I've read Dr. Bill and Martha Sears on discipline. I've consulted Nancy Samalin on love and anger. I know how to talk so kids will listen and listen so kids will talk. I am completely versed in the latest and greatest advice on parenting, and so I know how critical it is that I model the behavior I want to see imitated.

But this doesn't mean, alas, that I do.

I can be perfectly childish when it comes to parenting my children. I've gotten into screaming matches trying to control a second-grader's tantrums. I've bullied a nine-year-old for bullying a four-year-old. I've demonstrated the impatience of a toddler when my preschooler dawdles getting dressed. With frightening regularity, in fact, I can be a monster.

Never mind that I don't smoke and don't watch TV, that I recycle religiously and pick up other people's litter. I try very hard to be a good example. Yet it's Mom the Monster my children will most surely remember, not Mom the Angel. And that's what worries me: If the gurus are right, what my kids remember is what they'll grow up to copy.

Let me first clarify what I mean by behavior that sets a bad example. I'm not talking about scarfing down a cubic yard of popcorn during *Titanic*, or splitting a jug of Almaden with a girlfriend at three in the afternoon, or even staring at the tube until you go brain-dead. My friend Wendy guiltily concedes that she uses television as a sedative every night—watching it in bed with one or two of her three boys instead of reading to them until they fall asleep. Okay, not great. But it's hardly like she's popping quaaludes.

I'm not talking about yelling, either. Yelling isn't good; we all know that. Yet every mother I know who's an effective parent admits to shrieking a couple of times a week (make that a couple of times a *day*). These are moms who set limits and enforce them, which makes them highly unpopular with their kids but by no means bad. Yelling comes with the territory, as I see it. (Of course, best-selling author, registered nurse, dedicated wife and mother of eight Martha Sears does not yell at her kids, but I don't know her. And I don't want to.)

No, the behavior I'm worried about is the kind that shows you to be a complete hypocrite, or at least a seriously flawed individual who should never have been granted the right to reproduce, let alone raise children. It's not child abuse, but it still makes you feel ashamed, desperate to turn back time and replay the scene, this time acting like an adult.

Often, I find, we parents model this dreadful behavior in the very process of trying to teach our child never, ever, to behave that way.

For example (and I have so many), the other day I found myself holding my son's bedroom door closed while he tried to wrench it open from the other side. I had sentenced him to his room for beating up his brother; he was defying *(continued on page 110)*

TYPE 2 DIABETES



Down with your blood sugar

Up with your life

.ower your blood sugar with Glucophage, he #1 prescribed diabetes pill

\long with diet and exercise, Glucophage can be taken on its wn, together with other diabetes pills called sulfonylureas, r with insulin to help lower blood sugar.

Adding Glucophage to insulin lowers blood sugar better than insulin alone... Glucophage works with your own body's natural insulin and may reduce the amount of insulin you need to take.

Glucophage does not cause weight gain... unlike many other diabetes medications, including insulin.

Lowering your blood sugar is the best thing that you can do... to control diabetes and help prevent complications, like blindness.

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There is additional important information about Glucophage you should know. The most serious side effect associated with Glucophage is alled lactic acidosis, which is rare and has occurred in one in 33,000 patients on Glucophage over the course of one year. If lactic acidosis ccurs, it can be fatal in up to half the cases. You should not take Glucophage if you have kidney disease or dysfunction, if you are 80 or lder (unless you have first had your kidneys tested), if you are taking medication for congestive heart failure, if you have a history of liver isease, or if you drink alcohol excessively. The most common side effects are minor ones such as diarrhea, nausea, and upset stomach, which usually occur during the first few weeks on Glucophage. Please see additional important patient information on the next page.

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5-K183 Issued: February 2000 Printed in USA

Rx only

PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg, 850 mg, and 1000 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 10-14)

Q1. Why do I need to take GLUCOPHAGE?
Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?
People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?
Studies have shown that good control of blood sugar can prevent or delay complications such as blindness.

Q4. How is type 2 diabetes usually controlled?
High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOPHAGE work differently from other glucose-control medications?
Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q6. What happens if my blood sugar is still too high?
When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q7. Why would I take GLUCOPHAGE if I am already on insulin?
Because adding GLUCOPHAGE to insulin can help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Q8. Can GLUCOPHAGE cause side effects?
GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

Q9. What kind of side effects can GLUCOPHAGE cause?
If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q10. Are there any serious side effects that GLUCOPHAGE can cause?
GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q11. What is lactic acidosis and can it happen to me?
Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis a ciated with GLUCOPHAGE is rare and has occurred mostly in people whose kid were not working normally. Lactic acidosis has been reported in about one in 3 patients taking GLUCOPHAGE over the course of a year. Although rare, if lactic a sis does occur, it can be fatal in up to half the cases.

It's also important for your liver to be working normally when you take GLUCOPH Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests on you from to time to make sure your kidneys and your liver are functioning normally.

There is no evidence that GLUCOPHAGE causes harm to the kidneys or liver.

Q12. Are there other risk factors for lactic acidosis?
Your risk of developing lactic acidosis from taking GLUCOPHAGE (metformin hydro ride tablets) is very low as long as your kidneys and liver are healthy. However, factors can increase your risk because they can affect kidney and liver functio should discuss your risk with your physician. You should not take GLUCOPHAGE

- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with medications, e.g., di (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge" drinking)
- You are seriously dehydrated (have lost a large amount of body fluids)
- You are going to have certain x-ray procedures with injectable contrast agent
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection, or a s
- You are ≥ 80 years of age and have NOT had your kidney function tested.

Q13. What are the symptoms of lactic acidosis?
Some of the symptoms include: feeling very weak, tired or uncomfortable; ur muscle pain, trouble breathing, unusual or unexpected stomach discomfort, f cold, feeling dizzy or lightheaded, or suddenly developing a slow or irregular hear

If you notice these symptoms, or if your medical condition has suddenly cha stop taking GLUCOPHAGE and call your doctor right away. Lactic acidosis is a m emergency that must be treated in a hospital.

Q14. What does my doctor need to know to decrease my risk of lactic acid
Tell your doctor if you have an illness that results in severe vomiting, diarrhea fever, or if your intake of fluids is significantly reduced. These situations can l severe dehydration, and it may be necessary to stop taking GLUCOPHAGE tempo

You should let your doctor know if you are going to have any surgery or spec x-ray procedures that require injection of contrast agents. GLUCOPHAGE thera need to be stopped temporarily in such instances.

Q15. Can I take GLUCOPHAGE with other medications?
Remind your doctor that you are taking GLUCOPHAGE when any new drug is pres or a change is made in how you take a drug already prescribed. GLUCOPHAG interfere with the way some drugs work and some drugs may interfere with the of GLUCOPHAGE.

Q16. What if I become pregnant while taking GLUCOPHAGE?
Tell your doctor if you plan to become pregnant or have become pregnant. As with oral glucose-control medications, you should not take GLUCOPHAGE during preg

Usually your doctor will prescribe insulin while you are pregnant. As with all ications, you and your doctor should discuss the use of GLUCOPHAGE if you are ing a child.

Q17. Are there other risks associated with GLUCOPHAGE?
There is some evidence that any oral diabetes drug may increase the risk of problems. Experts are not sure what the real risk is for heart problems, if any taking oral diabetes medicine.

Q18. How do I take GLUCOPHAGE?
Your doctor will tell you how many GLUCOPHAGE tablets to take and how ofte should also be printed on the label of your prescription. You will probably be star a low dose of GLUCOPHAGE and your dosage will be increased gradually unt blood sugar is controlled.

Q19. Where can I get more information about GLUCOPHAGE?
This leaflet is a summary of the most important information about GLUCOPHAGE have any questions or problems, you should talk to your doctor or other hea provider about type 2 diabetes as well as GLUCOPHAGE and its side effects. T also a leaflet (package insert) written for health professionals that your pharmac let you read.

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June

By Patricia Rose

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(continued from page 104) me by not staying there, and it was taking all my body weight to keep him penned in. Now I ask you: Was I teaching him not to be defiant? Or was I showing him my own advanced techniques?

But that's nothing, in the scope of my hypocrisy. Take tolerance, a virtue I preach to my kids relentlessly, because I practice it so rarely. When a fight breaks out among them over some small infraction, I insist they forgive and forget. "Everybody makes mistakes," I remind them in the tone of voice I imagine Martha Sears uses. Yet if I'm the victim of the misdemeanor, my kids know to watch out. Hasta la vista, baby.

Last week, just as we were all sitting down to dinner, I ran out to my car for a sweater I'd left inside and discovered it locked. My dear husband did not have the key, even though he'd driven us home, and the spare key was in a bag at my office. He figured the key was on the dash, where he always leaves his car keys. While we were getting out, he must have accidentally pressed that little button that triggers the master lock. It's easy to do. God knows I've done it.

But God knows, I wasn't going to forgive him for it.

"WHAT WERE YOU THINKING?" I ranted, ferrying bowls of rice from the microwave to the table. "I NEVER LEAVE MY KEY IN THE CAR! FOR JUST THAT REASON!"

"Well, let's just eat, and then I'll go out and see what can be done," my husband offered.

But I didn't want to be appeased; I was just getting warmed up. A hot flood of righteous indignation was washing over me. I was so *right*! He was so utterly *wrong*! A delicious feeling! I intended to wallow in it!

"Not even the police can get into that car now," I sputtered, slamming the door of the microwave. "Couldn't you have just handed me the key?"

"I thought I did," Ken said meekly. Then he turned to the kids, who sat riveted to this drama, mouths frozen open, meals untouched. "Guys," he said with a sigh, "eat your dinner."

I saw the horror on my children's faces. For a whole two seconds I felt the tiniest twang of shame. But then my righteous fury burbled up and blotted out all reason. I stomped into my bedroom and slammed the door behind me, muttering a string of very unmaternal epithets. My kids could hear every one, I was sure, but I didn't care. I was *entitled*.

A hot flood of righteous indignation washed over me. I was so right! He was so utterly wrong! A delicious feeling!



I folded laundry while they ate. There's nothing quite like folding undershirts, I find, to restore equilibrium. By the time I'd matched all the socks, I was calm enough to think. That's when I had an awful thought.

I went over to my purse, unzipped it, and pulled out the strap to which my key ring is attached. Sure enough, there was the car key.

Episodes like these make me wish I could go turn myself into the police for reckless parenting. It'd be easier, I think, to go before a judge, plead guilty, and serve a brief prison sentence than go before my husband and children and admit I was wrong.

Nonetheless, I'm certain the only way to cancel out the effect of setting a bad example is to turn right around and set a truly sterling one—by apologizing. By admitting you didn't do the right thing. By saying "I'm sorry."

Lordy, it's tough. I can gush a sincere "I'm sorry" to a complete stranger, but when it comes to speaking those two words to my nearest and dearest, it takes every speck of courage, every ounce of faith I can muster.

I know that night I sincerely considered never coming out of my bedroom again. But I did, stopping everyone in mid-spoonful of ice cream. With one hand I clutched a pile of turtlenecks; with the other, I held up the key.

"I found it," I said.

Silence.

"It was in my purse the whole time," I explained. "You handed me the key"—I darted a glance at Ken—"and I must have pressed that button by accident. It was my fault."

And then, precisely because my children were witnessing this, their impressionable gray matter taking my every word and gesture like a hot brand, I looked my husband in the eye and said, "I'm sorry. I'm really, truly sorry I lit into you like that. It was totally uncalled for."

Regrettably, this was by no means the last of my shameful tirades. I'm probably never going to manage to stop modeling the wrong things to my kids. But I can do one right thing: I can, with practice and no small sacrifice of pride, get really, really good at apologizing.

And that's not too shabby a thing to show them. Because my kids, like myself, are only human. If I fail to teach them tolerance, they will most surely learn humility. ■



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Eat SMART

Foods that will improve your memory and sharpen your mental skills

By Elizabeth Somer, M.A., R.D.

Can't remember what's-his-name's name, let alone where you put your car keys? About the time you start appreciating how vital your memory is, you're losing it. By the time people reach their fifties, their scores on memory tests are reduced to about half of what they scored in their twenties. But poor concentration, slowed reaction time, forgetfulness and loss of creative thinking can hit us at any age. Take heart: There is much you can do to boost your brainpower.



What you eat can have a profound impact on your intelligence level and your memory. For example, your diet affects chemicals in the brain that regulate mental processes, brain-cell function and the amount of oxygen that reaches the brain.

If you're not eating smart, your 100 billion brain cells don't function optimally. The result: memory loss, an inability to think clearly, poor concentration and accelerated aging of brain tissue—leading to a lowered IQ.

No matter what your age, though, it's not too late to halt the damage and start building a better brain. Optimal nutrition and healthful living help rebuild and regenerate these tissues gradually. Following the strategies below, you may notice improvement in memory, concentration, alertness and thinking.

FROM "FOOD AND MOOD," SECOND EDITION, BY ELIZABETH SOMER, M.A., R.D. © 1995, 1999 BY ELIZABETH SOMER. REPRINTED BY ARRANGEMENT WITH HENRY HOLT AND COMPANY, LLC.

THE BRAIN-POWER BREAKFAST

People who eat breakfast are mentally sharper than those who don't. Virtually every measure of cognitive ability improves after a good breakfast—from math scores and creative thinking to concentration, recall and accuracy in work performance.

The link between breakfast and the brain is energy. While the brain accounts for only 2 percent of your body weight, it uses up to a third of the calories you eat. But the brain demands that all its energy come from glucose, the fuel found in carbohydrates—both the sweet and the starchy.

Since eating a high-fat breakfast can leave you feeling "more feeble and fatigued" and "less vigorous," according to researchers at the University of Sheffield, in England, your best bets are complex carbs. Try a bowl of whole-grain cereal or a whole-grain waffle accompanied by milk, a piece of fruit and a glass of orange juice.

BEATING THE MIDDAY DOLDRUMS

At lunchtime, eating light is the key. High-fat or calorie-laden meals will make you drowsy, and *(continued)*

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SS YOUR CREAMS GOOD-BYE.

Diflucan 150 mg
(fluconazole tablet)

more information, call 1-888-4-DIFLUCAN or visit our website at www.diflucan.com
vaginal yeast infections due to the yeast called *Candida*.

om 2 studies comparing Diflucan tablet (150 mg) with either clotrimazole or miconazole intravaginally for 7 days in 870 women
nerica National Prescription Audit as of April 1999

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Pfizer

Please see important product information on adjacent page.

Diflucan 150-mg

for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Dí-flū-can), fluconazole (flū-coń-a-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to *Candida*.

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is *Candida*?

Most yeast infections are caused by a type of fungus called *Candida*. It is normal for the *Candida* yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to *Candida*.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines. Do not take DIFLUCAN if you are taking the medicine cisapride (Propulsid).

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet that is taken by mouth. Most patients can expect to see the beginning of symptom relief within 24 hours of taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms will gradually lessen and eventually disappear.

DIFLUCAN can be taken anytime—day or night, with or without meals. You should take it as soon as possible, **by mouth**, to ensure the earliest relief. If the symptoms have not started to go away within 3 to 5 days, you should contact your doctor or other healthcare professional.

Possible side effects

In US clinical studies of 448 patients taking a single dose of DIFLUCAN for vaginal yeast infections, the most common side effects reported were headache (13%), nausea (7%), and stomach pain (6%). Other side effects reported were diarrhea (3%), indigestion (1%), dizziness (1%), and changes in the way food tastes (1%). Overall, 26% of patients taking DIFLUCAN reported side effects, compared with 16% of 422 patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points:

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about all the medicines you are taking—prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), cisapride (Propulsid), astemizole (Hismanal), rifabutin (Mycobutin), tacrolimus (Prograf), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to *Candida* has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole.

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

Pfizer U.S. Pharmaceuticals

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carbohydrate-rich foods have b
shown to increase alertness and c
centration levels.

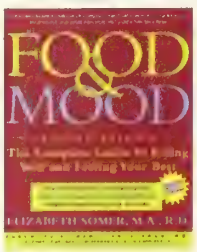
The best approach is to comb
protein with minimally processed
bohydrate-rich foods, like whole gr
and fresh fruits. Try a chicken sandv
on whole-grain bread with mustar
piece of fruit and a glass of ton
juice, or a salad with oil-free dressi

FISH FOR THOUGHT

Our ancestors ate very differently
we do, says S. Boyd Eaton, M.D.,
junct associate professor of anthrop
gy at Emory University, in Atla
They consumed a lot of nuts, se
greens and low-fat proteins like
game and fish. Humans are genetic
programmed to thrive on such a
Eaton suggests, and gorging on
beef, french fries, doughnuts
cheese puffs might contribute to m
ory loss and dulled thinking.

About half of the brain is fat, inc
ing the highly unsaturated ome
fatty acids also found in fish. On
particular, docosahexaenoic
(DHA), helps brain cells transport
trients and remove waste product
also regulates compounds that fur
influence the release of brain che
cals, such as serotonin.

But DHA is obtained only f
foods—and our diets are sorely lac
in this fat. Today we drown salac



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oil, fry potatoes in hydrogenated
nd eat meats loaded with saturated
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n we drink alcohol and smoke, it
er depletes levels of omega-3 fatty
in the brain.
me research has found that those
eat fish regularly may experience
cognitive decline as they age than
e who consume more vegetable
Additional studies are needed, but
ne meantime, limit red meat con-
ption to no more than three extra-
servings a week, and eat more
ga-3–rich fish, such as salmon.

COFFEE CRANKS IT UP

Within half an hour of drinking coffee, you may notice a mental boost. That's because caffeine halts the depressant effects of adenosine, a neurotransmitter that calms the brain. Thus, the nervous system stays revved, and you think more clearly and can concentrate better.

But just because a little caffeine boosts thought processes doesn't mean that a lot makes you smarter. Too much caffeine can leave you so buzzed you can't think clearly. And coffee and tea contain tannins, compounds that reduce other brain-boosting nutrients, such as iron, by up to 75 percent. Drink a little, but not too much.

FIGHTING BRAIN DRAIN

Pollution, smoke, stress and normal metabolic processes are sources of free radicals, which damage cells. Decades of free-radical attacks on the brain contribute to the gradual loss of memory and mental ability that we associate with aging.

Fortunately, free radicals can be combatted with antioxidants—nutrients and vitamins, including vitamins C and E and beta-carotene. Other free-radical fighters include lipoic acid (a vitamin-like substance that converts carbs to energy) and phytochemicals, disease-fighting substances found in fruits, vegetables and green tea.

Numerous studies support the value of antioxidants. Research conducted at Erasmus University Medical School, in the Netherlands, found that mental skills remained high throughout life when people consumed lots of beta-carotene–rich foods. Another study from the University of Sydney, in Australia, showed that people who consume ample vitamin C performed best on tests for attention, recall and calculation.

To keep your antioxidant defenses strong, consume at least six servings of fresh fruits and vegetables—such as orange juice, strawberries, carrots, sweet potatoes, spinach, broccoli, kiwi and cantaloupe—daily. ■

Elizabeth Somer, M.A., R.D., is the nutrition consultant for "Good Morning America."



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THE FRANKLIN MINT

WARD OFF THE DOLDRUMS BY SNEAKING SOME WONDER INTO YOUR WINT

FLOWER POWER

According to a recent FTD poll, 42 percent of men said they would be very happy to receive flowers on Valentine's Day. However, only 26 percent of women are likely to send blooms to the one they love. This year, why not send some of these coded Cupids?

Yellow tulip: Hopeless love
Hyacinth: Constancy
Freesia: Trust
Violet: Returned love, affection
Dwarf sunflower: Devout admirer
Gardenia: Secret love

he said, she said

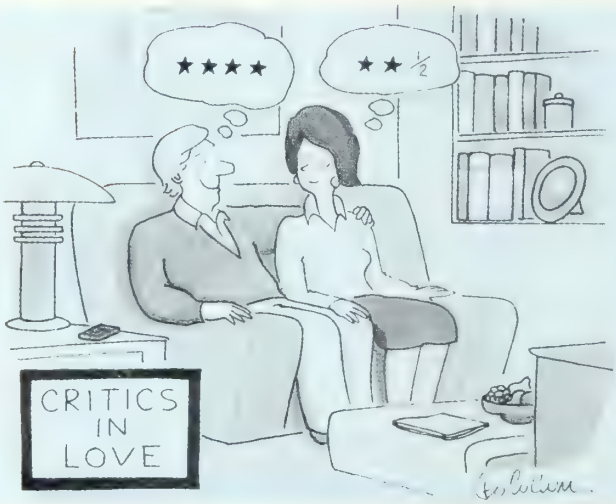
TWO BEST-SELLING AUTHORS—ONE MALE, ONE FEMALE—OFFER SOME CREATIVE WAYS FOR COUPLES AND SINGLES TO CELEBRATE VALENTINE'S DAY



gregory godek, *1001 Ways to Be Romantic* (Sourcebooks, Inc., 1999) **For singles:** "Get a gang of girls together and make dinner reservations at the most romantic restaurant. Order champagne and be loud." **For couples:** "Take a classic, like breakfast in bed, and give it a creative twist. Try dinner in bed—a great way to start the evening."



melissa bank, *The Girls' Guide to Hunting and Fishing* (Viking Penguin, 1999) **For singles:** "The best thing to do on Valentine's Day is to get a puppy. That's what I'd do if I didn't already have a dog." **For couples:** "If you're newly in love, you can probably have a perfect Valentine's Day sitting on the curb outside a convenience mart."





WINTER SPORTS

Resist the urge to hibernate and try one of the fastest-growing winter sports.

- **SNOWSHOEING** This low-impact aerobic activity has recently undergone a renaissance. The appeal: It's easy—if you can walk, you can snowshoe—plus you can take the whole family along. Today's streamlined versions are made of lightweight aluminum.
- **SNOWBOARDING** Now an Olympic sport, snowboarding is not just for Gen-Xers anymore. As with skiing, you shift your body weight to turn, and use the edges of the board to steer and brake.
- **SKIBOARDING** The hottest trend in winter sports, skiboarding combines the moves of in-line skating, skiing and snowboarding into one freewheeling ride. Because you wear two small snowboards, you don't fall as much.

will forgive my husband for snoring. I will stop finishing other people's sentences.
will buy myself sunflowers and anemones. I will send my parents on an Alaskan cruise.
I will read everything ever written.



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THE MATCHMAKERS

Sometimes, true love needs a little push—or a big shove. Here, how four couples were put on a romance collision course **By Nancy Kalish**



ONE DETERMINED LADY

The Couple: Marie and Gilbert Huizar, 37 and 36, Whittier, California

The Matchmaker: Mary Ciaravino, 43, San Dimas, California

As a human-resources manager, Mary was great at bringing the right people together at work. So in April 1996, she decided to do a little extracurricular coordinating with Gilbert, a friend and business acquaintance, and Marie, a co-worker. Here's what they say happened next. . . .

Marie: It all started the day I was looking at this group of pictures on Mary's office

wall and asked about a guy in one of them. I really didn't want to be set up; I was just sort of curious.

Mary, the matchmaker: Yeah, right [rolls her eyes]. I knew she thought Gilbert was cute. And I knew he would adore her. Plus, I thought I could have a little fun getting them together.

Marie: Next thing I know, she's got Gilbert on the speakerphone, saying she had someone in her office who wanted to meet him. She made me say hi. I was totally mortified!

Gilbert: I said hello. But Mary was always pulling practical jokes on me, so I figured this was another gag. When she asked me when I'd be taking the two of them to lunch, I thought she just wanted a free meal.

Marie: We made a lunch date for a few days later. But as soon as Gilbert and I met in Mary's office, she took off with some other friends. Suddenly, it was just Gilbert and I, standing there staring at each other. What a pal!

Mary: Okay, so maybe it was a little brutal. Marie thought I'd break the ice for her. But I knew the two of them had to talk to each other, not through me.

Gilbert: I still thought it was all a joke. But Marie was really beautiful, so I played along.

Marie: Meanwhile, I was freaking. But Gilbert said, "Let's follow them." So we jumped in his car and trailed them to McDonald's. At that point, you'd figure Mary would take some pity on us. But no. She totally ignored us. We had to sit by ourselves.

Mary: Poor babies. But it worked. They talked and liked each other. Then after lunch, I spoke with both of them. He wants to know: What's wrong with her? How come she's still single? Five minutes later Marie dropped by to ask: What's wrong with him? How come he's still single? I told her there's nothing wrong with him—it's just that he's gay. Now, *that* was a joke!

Gilbert: What?!

Marie: Yeah, lucky I didn't believe that one. We did start dating, and it did get serious.

Mary: And you thanked me! In fact, it seemed like every day, Marie would call me to say: Thank you, I love him so much! It was getting kinda pukey, to be honest.

Marie: C'mon, you know you loved it.

Mary: About four months later, Marie came into my office, and I thought, Hasn't she thanked me enough, already? She made me call Gilbert on the speakerphone and they told me they were going to get married. At first, I thought they were playing a joke on me—until Marie showed me her ring. I guess my method worked after all, and I'm really glad it did.

Gilbert and Marie [in unison]: Thank you! Thank you! Thank you!

Mary: Oh, no. Here they go again. . . .

Marie and Gilbert Huizar were married on August 31, 1996, and had their first child last April.



RETURNING THE FAVOR

The Couples: Laura and Ken Lemanowicz, 39 and 40, Parsippany, New Jersey; and Sue and Bob Brooks, 38 and 39, Ewing, New Jersey

The Matchmakers: Laura and Sue

In 1978, while still in high school, Sue met Ken at church and thought he'd be a perfect match for her great pal, Laura. So Sue set the two up on a blind date, and love and marriage eventually followed. Grateful, Laura wanted to introduce Sue to her own dream man. But it wasn't easy. . . .

Laura: Eight years after Sue fixed me up with Ken, I finally met the guy I thought was her Mr. Right. But she was just getting out of a miserable marriage and wouldn't even meet Bob.

Sue: It's true. I didn't even want to think about getting involved. All I wanted was my freedom and plenty of it.

Ken: Laura's got this great matchmaking track record, so she wasn't about to give up with Sue.

Sue: That's an understatement. It was "Bob this" and "Bob that" for five whole years, until I finally gave in.

Laura: Okay, so maybe I was a bit of a nag.

Sue: Finally, in 1992, I broke down and agreed to meet him. I said, "All right, Laura, this is a test. *(continued)*


Fresh Step Scoop



(continued) Let's see how good you are at this." Well, I guess she's pretty good. From the moment my eyes locked with Bob's, I was lost. He had such a warm smile, I absolutely melted. I was like, why didn't you introduce me to this guy sooner?

Laura: All I could say was, "Honey, believe me, I tried."

Bob: It was truly love at first sight. Laura had been showing me photos of Sue for years, saying, Isn't she pretty? And I would answer, Sure. But in person, there was this amazing connection.

Sue: When we made our second date, I said I'd be there "with bells on." So as a joke, I bought a cat collar with bells on it and wore it as a bracelet. When Bob showed up, he was jingling, too. He was holding a piece of yarn with three bells tied to it. He'd also written me a love poem. That's when my desire for freedom suddenly evaporated. We were married less than a year later, on Valentine's Day, 1993. And on our first anniversary, we sent Laura and Ken a gift.

In the summer of 1998, the foursome toasted the two women's matchmaking skills at the twentieth anniversary of Laura and Ken's first date.

Everyone has a destined one; some of us just need a hand hunting that person down. Thank heavens for friends who help engineer the connection that fate certainly planned all along

Nancy Kalish is a freelance writer in Brooklyn.

WHY CAN'T I EVER MEET A MAN LIKE THAT?

The Couple: Rivky and Binyamin Jolkovsky, 29 and 31, Brooklyn

The Matchmaker: Rose Miller, 28, Brooklyn

The majority of Orthodox Jews find mates through formal introductions arranged by family, friends or professional matchmakers. Rivky Jolkovsky had been set up this way several times. But she was holding out for someone truly special. . . .

Rivky: At twenty-four, I very much wanted to get married. But in my community, you just don't go to a bar to meet someone; you have to be introduced, and can meet only after your parents have checked him out. It's hard. So one night, I was lamenting to my mother that I was never introduced to anyone interesting. I was flipping through some old magazines at the time and there was this guy who'd been profiled in two of them. He was very cute and had this brilliant career as a journalist. So I said, "Why can't I ever be introduced to a man like that?" I was going to try to figure out if I knew anyone who knew him. But my mother said to forget it, that he was probably already spoken for.

Binyamin: That night, I was in the same neighborhood, celebrating the Sabbath at my friend Rose's house. We were trading dating horror stories. I really wanted to get married. In fact, I'd just moved from Maryland to New York in order to have a better chance of finding the right woman. In the past, I'd flown all over the country because someone told me, "Have I got a girl for you!" Well, it would always turn out to be the girl for someone else.

Rose: Binyamin asked me to find a girl for him, but I couldn't think of anyone. Then, after he left, someone mentioned Rivky, who's very intelligent, very political—just like Binyamin. And I thought, Now there's a match!

Rivky: When Rose called, I got the chills. Before she even said his name, I knew the guy she wanted me to meet was the one I'd been reading about.

Rose: It was fate!

Rivky: I was floored. I thought, Uh-oh—someone is telling me this man is The One. I'd better not blow it. So I decided to keep the coincidence to myself.

Binyamin: When she told me about it on our sixth date, I was floored, too. But by that time, I knew I'd found my soul mate. The Rabbis say that everyone has a destined one. I was just lucky enough to have Rose help me find her.

After a four-month engagement, Rivky and Binyamin were wed in December 1995. ■

LENOX

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Christopher Robin and Pooh (actual size)

LENOX

The Angel of Light

CRYSTAL PENDANT



Pendant shown larger than actual size. Height: 1 3/4"

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SEX MYSTERY OF THE MONTH

I've heard that women have a zone of pleasure called the U-spot. How is it different from the G-spot?

The U-spot refers to the opening of the urethra, the vessel that carries urine out of the body. Stimulating the urethra—which is located below the clitoris just above the vagina—may help trigger orgasm, says Kevin McKenna, Ph.D., associate professor of physiology and urology at Northwestern University Medical School, in Chicago. That may be partly because that famed erogenous zone, the G-spot, surrounds the urethra. It's likely that your husband has already found your U-spot, since it's so close to the clitoris. But there's no need for him to search for it (or the G-spot, for that matter), because the clitoris is still the most effective route to sexual pleasure, says McKenna.

IN BRIEF: Is Your Sex Life Up in Smoke?

If your husband is a heavy smoker, your sex life may suffer, according to a new study of nearly three hundred couples in their twenties and thirties. Researchers at the Andrology Institute of America, in Lexington, Kentucky, report that men who smoked more than thirty cigarettes per day for seven years had sex only about six times per month—about half as often as nonsmokers—and found it to be much less pleasurable than nonsmokers. Plus, it took smokers and their wives longer to conceive. The study also suggests that smoking may lead to impotence. Lighting up may cause changes in hormone levels, dampening sex drive.

PASSION PULSE

PERCENTAGE OF MEN WHO WAIT UNTIL THEIR WEDDING NIGHT TO HAVE SEX: **7**

PERCENTAGE OF WOMEN WHO DO: **20**

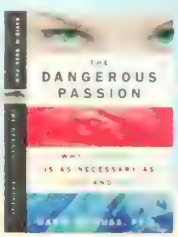
The Social Organization of Sexuality: Sexual Practices in the United States (University of Chicago Press, 1994)

what's sexy now



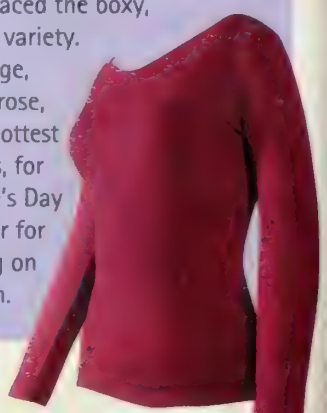
THE ULTIMO BRA, possibly the next Wonderbra. Michelle Mone, a mother of three in Glasgow, Scotland, designed the bra to be revealing yet comfortable. The Ultimo contains gel, which offers lift where you need it. The bra is a hit in London, where department stores can't keep it in stock, says Mone. It's expected to arrive in U.S. stores this winter.

THE GREEN-EYED MONSTER IS RED-HOT. In *The Dangerous Passion: Why Jealousy Is as Necessary as Love and Sex* (The Free Press), out this month, David M. Buss, Ph.D., a psychologist, argues that jealousy is a form of emotional wisdom.



It prevents spouses from straying, wards off rivals, and communicates commitment.

FITTED CASHMERE SWEATERS blended with curve-hugging Lycra have replaced the boxy, matronly variety. Pick orange, green or rose, winter's hottest new hues, for Valentine's Day dinner—or for snuggling on the couch.



Rocher is perfect for Valentines:

ou'll fulfill the expectation of getting something round, shiny and gold.



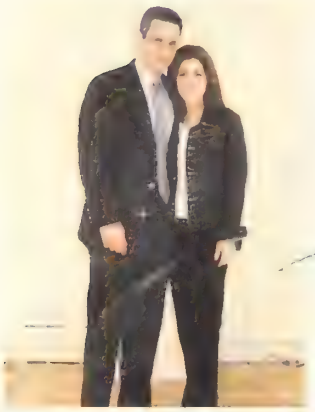
FERRERO ROCHER®

Luscious chocolate, crunchy hazelnut, crispy wafer
and always in good taste.

"WHAT I DO TO LOOK GO

FROM DRESSING UP FOR GOING OUT TO DRESSING DOWN TO HANG AROUND, THESE
TO HEART-STOPPING STYLE STARTS BY PLAYING UP WHAT YOUR HONEY LIKES ABOUT

DANIELLE AND TROY



before



DOLORES AND OSCAR





before

DANIELLE AND TROY

Troy, 30: "Dani knows I love it when she dresses like a rock star, so she'll put on leather pants and a sexy fitted top when we go out to a cool restaurant. She looks super-hot. . . the girl of every guy's dreams!"

Danielle, 27: "I think Troy looks great in European-tailored shirts and sleek pants, and he's always willing to try out a new hairstyle when I suggest one. The idea that he puts his trust in my opinions, though, is most endearing to me."

DOLORES AND OSCAR

Oscar, 45: "Dolores prefers her hair straight and blows it dry every day. But for a special night out, she'll style it curly because she knows I love it that way—soft and natural. It's so sexy!"

Dolores, 30: "Even though Oscar would rather wear lighter, neutral colors all the time, when we're spending a leisurely day together, he'll sport a black sweater or shirt."

OD FOR YOU"

IPLES KNOW THE SECRET

Produced by Gwen Flamberg

RI AND BILLY



before



Call it style in the name of love: Appreciate your mate's opinion about your best look and let him know what revs you up about him, too

PAM AND KEVIN





before

LORI AND BILLY

Billy, 31: "Lori always wears black and leaves her hair down. I think she looks so pretty in colorful clothes—especially pink and purple. When we go out she pulls her hair back, because she knows I love the focus to be her big, contagious smile."

Lori, 27: "When Billy first gets his hair cut it's so short he looks bald, so he wears a cute hat to please me. More important, he wears his wedding ring: His father never wore one, and Billy was ready to put his away in a drawer until I told him how much it meant to me."

PAM AND KEVIN

Kevin, 46: "Pam works hard taking care of our four kids, so I usually see her in khakis and T-shirts. But on our Saturday night dates, she dresses in something slinky in my favorite color, red."

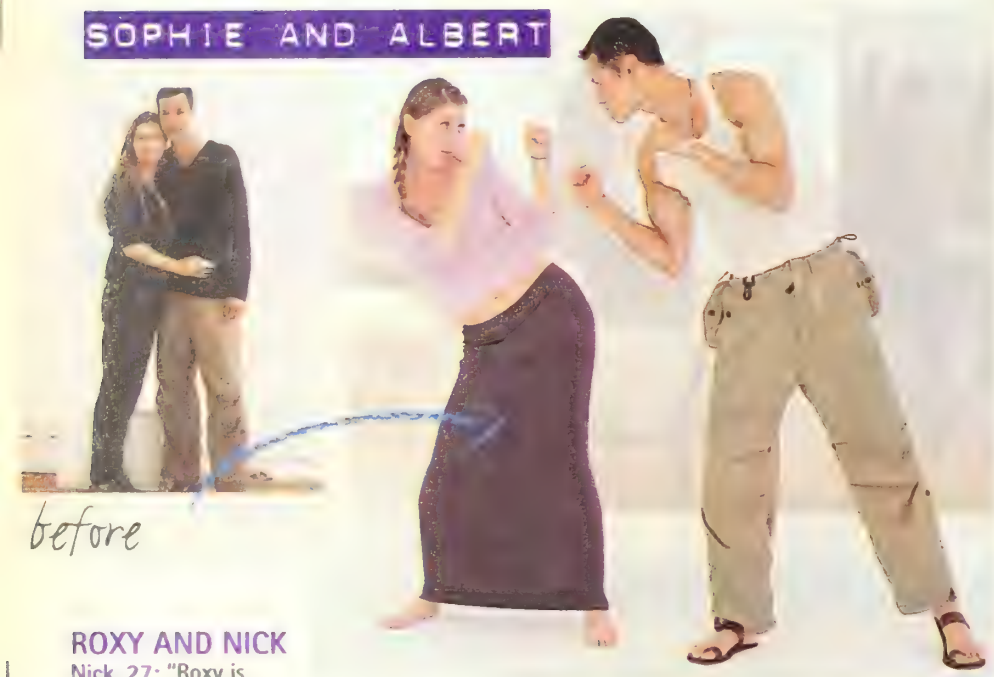
Pam, 38: "Kevin hates to deal with the whole contact-lens cleaning routine, but he'll wear his lenses on the weekends because he knows I hate his glasses more!"



NIKKI AND PAUL

Paul, 38: "Nikki has a really feminine way about her, but it revs my heart when she suits up to spend the day with me on my motorcycle."

Nikki, 33: "Paul's in the clothing business, so it means a lot to me when he wears clothes that I pick for him. I like him to wear a bright cobalt to complement his sexy baby blues."



SOPHIE AND ALBERT

Albert, 30: "I love it when Sophie wears her long hair braided, and she shows off her knockout figure for me with stretchy tops and skirts."

Sophie, 30: "Well, when Albert has to put clothes on, if we're having people over, he knows I love how he looks in really casual pants with an undershirt and sandals."

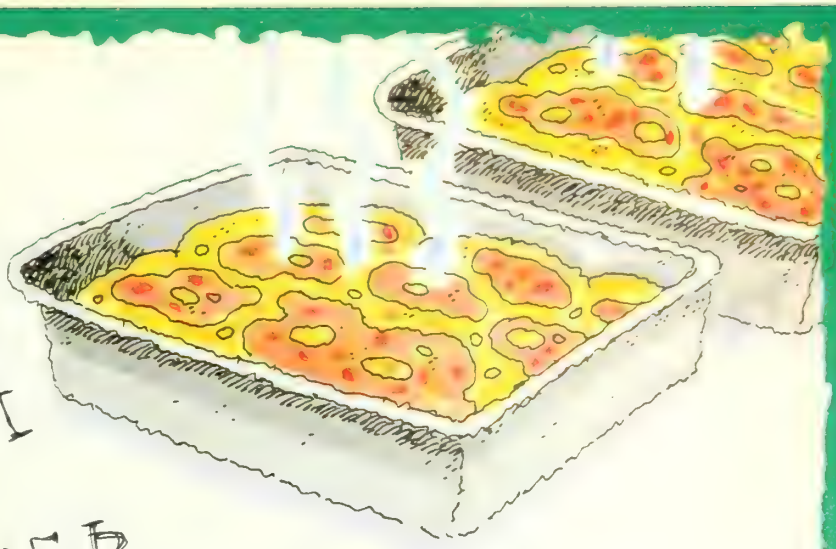
ROXY AND NICK

Nick, 27: "Roxy is very businesslike and detail-oriented, but I love it when she puts on sweats or something loose and casual and goofs around with me."

Roxy, 29: "Nick is a pro rugby player, and I rarely saw him out of his uniform when we were dating. I know he'd rather be in comfy sportswear, but he'll wear a jacket, tie and starched button-down to impress me when we go out."



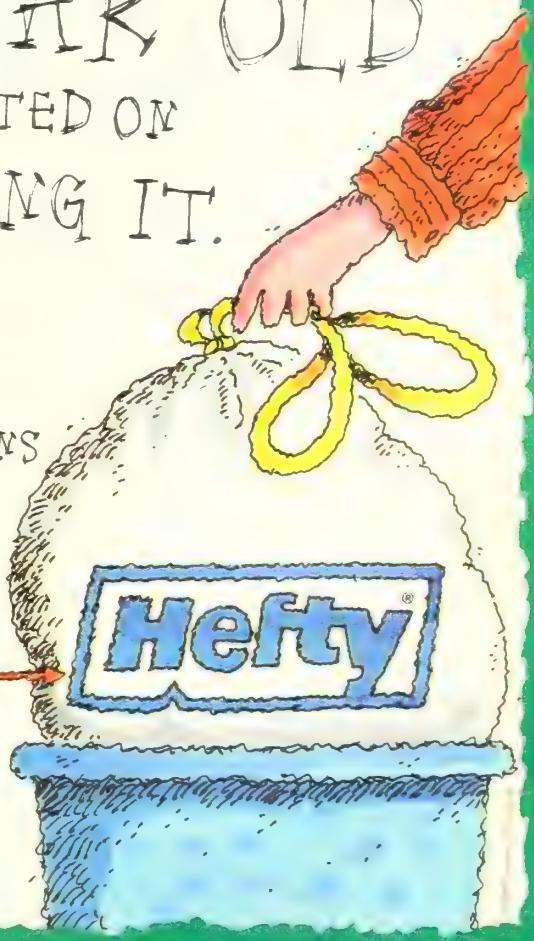
YOU'VE MADE LASAGNA FOR THE CUB SCOUT DINNER.



YOUR 7 YEAR OLD INSISTED ON CARRYING IT.



HIS INTENTIONS WERE GOOD.



DON'T WORRY. YOU'VE GOT



Hefty CinchSak's strength lets you close, lift and carry in one easy motion.

TALL KITCHEN BAGS

The Dress of MY DREAMS

After shopping for a husband for thirty-four years, I found the ultimate wedding dress in just one day

By Melina Gerosa Bellows



my mother and I head to Kleinfeld, in Brooklyn, which has the largest bridal-gown selection in America. I attempt to try on every one of the eight hundred–plus dresses they have in stock. Above, Jenn fastens me into an Amelia Carrera slip dress. My mother says, "Too nightgownish." I say, "Next!"



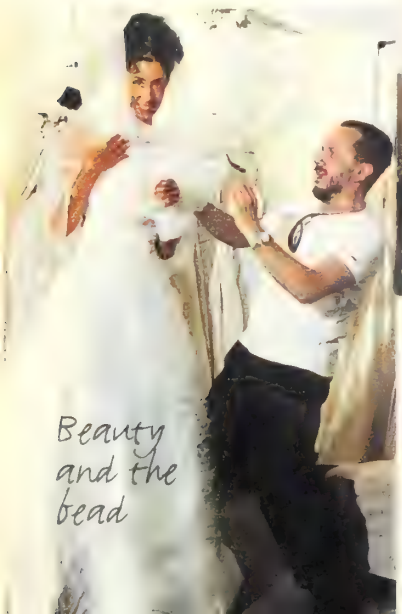
This Salvatore and Marco Victorian gold extravaganza (left) just doesn't work without a balcony and a team of footmen. Although I feel like I could star in a Merchant-Ivory movie, Jenn points out that my fiancé, Keith, would have to don bloomers and a cape. Onward.



I love the wisteria winding down this vintage-style gown (above) by Atelier Aimée. "You look like a Sargent painting," says Mom. "You need a watering can with that one," says Jenn.







Brazilian designer Salvatore almost convinces me that his cloud of cotton candy (left) is The One, until Mom discovers this fox-trimmed princess gown (above) by Italian designer Toi. As with Keith, it's a case of love at first sight. Eat your heart out, Doctor Zhivago!



I feel like Cinderella in this ballerina dress with a fitted bodice (above) by Diamond Collection. (Left) Would anyone mind if I take a nap?

Two Worlds.



One Family.



Raised by a family of gorillas, yet undeniably human, Tarzan possessed more than physical strength and agility. He had the power to unite two very different worlds as one.

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On Video And DVD February 1.

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CAN ANGER CAUSE A STROKE?

If your husband is a yeller, he may want to enroll in an anger-management course, say researchers at the University of Michigan, in Ann Arbor. In a new study, angry outbursts doubled the risk of stroke in men. Hostility may cause high blood pressure, which can lead to a blood clot in the brain.

WHY ABSENCE MAKES HIS HEART GROW FONDER (BUT NOT YOURS)

Think back to the last time your husband was away on a business trip: Was he especially amorous when he came home? A new study conducted at Florida Atlantic University, in Davie, shows that the more time a couple spends apart after sex, the more attractive the man finds his partner—and the more eager he is to make love with her. Women, on the other hand, are generally indifferent to having sex after their partner's absence. The reason may be rooted in evolution, according to researchers. In prehistoric times, a man craved sex because he feared another guy would impregnate his wife, and he'd end up investing time and energy in unrelated offspring.

QUESTION OF THE MONTH

WHAT DO YOU WEAR TO BED?



Jeff Huhta, 33; engaged; engineer, Fort Collins, Colorado

"Boxers—or I go buck-naked. I haven't put on pajamas since high school. Wearing pajamas would just mean there's more laundry to do."



Philip Lucey, 42; engaged; sales director, Newburyport, Massachusetts

"Nothing. Pajamas get wrapped around your body. Of course, I haven't shopped for any nice pajamas lately; maybe silk ones would work."



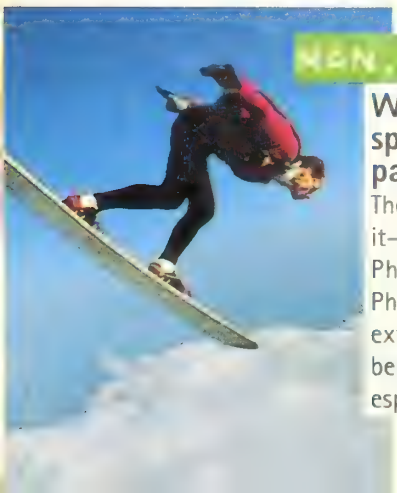
Eddie Chapman, 37; married, one daughter, 9; police officer, Chicago

"Gym shorts, because I like to sleep in loose clothing. I wore pajamas as a kid, but I'd never wear them again if I could help it. They're hot and uncomfortable."



Ross Bretches, 31; married; landscaper, Waynesboro, Virginia

"My birthday suit—unless I'm at someone else's house, in which case I wear boxers. Pajamas never fit right—the pants are too big and the shirt is too small, or vice-versa."



MEN, THE SPECIES

Why are men drawn to extreme sports, such as ice climbing, paragliding and snowboarding?

They participate in these activities for the thrill of it—the same reason women do, says Frank Farley, Ph.D., a psychologist at Temple University, in Philadelphia. But men have tended to dominate extreme sports because women are socialized to believe these activities are too dangerous for them, especially if they have children, explains Farley.

What Clorox® Bleach does for whites, Clorox 2® does for colors.



And both do it with a fresh, floral scent.

more than a friend

LISA KUDROW TALKS ABOUT THE VIRTUES OF VIRGINITY, THE SURPRISING WAYS MOTHERHOOD HAS CHANGED HER, AND WHY HER HIT SERIES MIGHT END

BY MELINA GEROSA BELLOWS





Lisa Kudrow is weeping. After a morning of being super-groomed by stylists, she is—or was—picture-perfect. But her husband, French advertising executive Michel Stern, ruined all that with one sweet nothing. Stern, who dropped by the cover shoot to have lunch with his wife and their toddler, Julian, was obviously paying attention when Kudrow admired the delicate diamond drops the stylist had placed on her ears. Just as the flashes started popping, Stern whispered to his wife, "You can take those home *weeth* you, my *bay-bee*. I bought *zem* for you." With a wave, he disappeared, the tears flowed, and the mascara-wielding makeup artist rushed in for damage control.

Diamonds may be a girl's best friend, but Kudrow is officially *Friends*'s best Friend. Her seamless portrayal of space cadet Phoebe has won the thirty-six-year-old actress an Emmy (she's the only member of the cast who has one), earned her millions ($125,000 per episode), and offered her a crack at feature films. This month, Kudrow hits the big time, co-starring with Meg Ryan and Diane Keaton as *(continued)*



"Lisa is sly, witty," says *Hanging Up* co-star Diane Keaton. "She sucks you in without your even knowing it"

Phone Fun



In *Hanging Up*, lots of the action occurs over the phone. In that spirit, LHJ conference-called the comedy's co-star Lisa Kudrow, along with Nora (below) and Delia Ephron, *Hanging Up*'s sister writing and producing team, for a chat.

LHJ: Why is talking on the phone so important to women?
Delia: I *love* the phone.
Nora: Delia used to make herself dinner and then call someone while she was eating it.
Delia: Well, I was single then.
Lisa: I used to do that, too! Because then you're not eating alone.
LHJ: *Hanging Up* is about the powerful bond between fathers and daughters. What have you learned from your father?
Nora: I know all the referee signals on the football field.
Lisa: Definitely a sense of humor. I also remember us watching a lot of Holocaust documentaries.
LHJ: When did you realize your father wasn't your hero?
Delia: Our father had a problem with drinking, as did our mother, actually. In that situation, you really enter adulthood a lot younger than other people.
LHJ: Lisa, Walter Matthau plays your father. What was it like working with him?
Lisa: He mooned us.
Nora: What? [Laughter]
Lisa: We had shot this scene so many times, and Diane [Keaton, the director] shrieked, "We need something!" And we walk in and there's his bare butt.
LHJ: What do you do for kicks when you're not working?
Nora: I go to Las Vegas. And so does Delia.
Lisa: I love gambling so much that it's a problem, maybe. My mother's father died at a craps table.
Nora: That's so romantic!
Lisa: He had a heart attack. Everyone was so busy, it took a few minutes to figure it out. [Laughter]
LHJ: What keeps you up at night?
Lisa: My son is giving up his nap, and I worry about should I force him, or is it okay.
LHJ: Delia, what about you?
Delia: I try not to let things keep me up. I keep my perspective more than I used to.
LHJ: How?
Delia: Tylenol P.M. [Laughter]

—M.G.B.



"SHE'S LIKE THE BEST KIND OF YOU DON'T KNOW WHAT NOTE AND IT'S ALWAYS A SURPRISE"

(continued) the flightiest of three sisters who deal with their father's alcoholism in the comedy-drama *Hanging Up*.

Kudrow may have the dumb-blond role down cold, but the biggest surprise is the serious soul beneath the wacky persona. "She's smart-funny, not dumb-funny," says Meg Ryan. Director Diane Keaton was similarly disarmed by Kudrow's intelligence. "She's hilarious on *Friends*, but I didn't know she was mysterious or complicated," she explains. "She's sly, witty. She sucks you in without your even knowing."

There's a stillness to Lisa Kudrow even when she's in motion. Today, she is gliding over to our booth at Jerry's Famous Deli in West Hollywood. She has on a black T-shirt and brown linen pants. She is not wearing any jewelry or makeup, and her still-wet hair is slicked back into a ponytail. No one notices her. Everything about her seems tucked in.

As she orders scrambled egg whites with Parmesan cheese, she's friendly but reserved. Asked if she minds being perceived as the superditz she plays, Kudrow answers, "No. I had to let go of what people thought of me a long time ago. One day I'll do something different and they'll think I've changed," she says with a shrug. "But *I* won't have changed, *they* will have just gotten a different picture of me."

Kudrow has had a strong sense of herself ever since she was a girl growing up in the San Fernando Valley, the youngest of three kids. "In high school, when my friends would smoke, I would let them know that it was stupid. I was like that with sex, too. I would go on the record saying I didn't approve," says Kudrow, who was determined to keep her virginity until marriage.

Kudrow got these conservative ideas not from her mother, a travel agent, and her father, a renowned migraine specialist, but from watching old movies like *Life with Father* and *Cheaper by the Dozen*. "There was always a virtuous girl, and guys want virtue, so she was going to hit it big and get the best guy," she explains. "Unfortunately I was behaving like that, but in the eighties."

What really turned her on was schoolwork. "In high school, everyone thought my friends and I were a little freaky because we would study together on a Saturday night," she says. Early on she decided to follow in her father's footsteps and become a doctor. "I thought all of the truths of the world were in medicine," she says.

Kudrow searched for those truths at Vassar College, in Poughkeepsie, New York, where she majored in biology and, finally, minored in boys, relinquishing her virginity at age twenty. "I had a boyfriend for a year and a half and it just seemed appropriate," she says simply.

After graduation, she was planning on doing medical research at Oxford University, but when she returned to California, the acting bug infected her inner scientist. "It's something in the air [here] I think," she says. "I thought I could probably [perform], and it would be fun." Her brother's friend, actor Jon Lovitz, encouraged her to try out for the improv comedy troupe The Groundlings, in Los Angeles. Her *(continued on page 189)*


AZZ THERE IS.
HE'S GOING TO HIT
MEG RYAN



GET ON-THE-GO HAIR

FAST Stop doing battle with Mother Nature—flaunt, don't flatten, those curls or keep it straight if that's what your hair really wants to do. Simply boost your natural texture with a curl- or shine-enhancing product

FAST FAST

DAILY TIMESAVERS TO HELP YOU LOOK YOUR BEST IN A FLASH. PLUS, INSTANT FIXES FOR BOTHERSOME BEAUTY PROBLEMS, AND FAST-LANE FASHION TIPS

By Lois Joy Johnson



FASTEST Keep it short: A layered cut like this one requires only a little dab of pomade applied just by running your fingers through your locks

FASTER A shiny, polished ponytail pulls your look together quickly; use a styling cream such as Revlon Texture + Volume to smooth flyaways for the sleekest updo

ER FASTEST



DON'T GIVE UP C
ESSENCE (AN
BEGINS AND END

PUT ON A PRETTY FACE

FAST Edit the contents of your makeup bag to one of each product: eyeshadow/liner, blush, lipstick, mascara, foundation

FASTER Choose one focal point and give it the full treatment—on lips, use liner and color, for example

FASTEST Buy a multipurpose stick, such as Almay One Coat 3-in-1 Color Stick, to subtly define eyes, lips and cheeks

AKING UP WHEN TIME IS OF THE HEN ISN'T IT?): BEAUTY ON THE DOUBLE ITH THESE DOABLE TECHNIQUES

CAMOUFLAGE ROOTS

FAST Alternate your usual shampoo with a color-refresher formula, such as Paul Mitchell Color Shampoo, which deposits a small amount of color to temporarily blend in your roots until you can get to the salon.
FASTER Brush hair mascara along your part and hairline.
FASTEST Create a crooked or zigzag part to scramble the contrasting colors.

BRIGHTEN DULL SKIN

FAST Add chemical exfoliants to your skin-care routine. Look for products with retinol or beta-hydroxy acids to continuously remove dead cells.
FASTER Remove flaky surface skin in under two minutes with an exfoliating scrub that has manual sloughing ingredients, such as The Body Shop Japanese Washing Grains, which contains finely ground azuki beans.
FASTEST Blend a light, rosy cream blush, such as Maybelline's Express Blush in Pinky Shimmer, into the apples of your cheeks.

DRY YOUR HAIR

FAST Blot hair with a super-absorbent microfiber towel to wick away excess water from hair; continue with your normal styling routine.
FASTER Use a rapid-dry shampoo, such as Redken Active Express Flash Wash, which contains witch hazel to prevent the hair shaft from becoming totally saturated, so there's less moisture to blow-dry.
FASTEST Spray freshly shampooed hair using a styling mist with SD alcohol, such as ThermaSilk Heat Activated Shape & Hold Spray, to speed water evaporation. Switch to a high-powered, 1,875-watt turbo blow-dryer.

DEFINE YOUR EYES

FAST Look up, not down, into an angled standing mirror and gently pull the lid taut while lining.
FASTER Use a smudgy powder pencil (try Clinique Quick Eyes Shadow Liner) that forgives slight imprecision.
FASTEST Go for a dramatic look with a mistake-proof creamy crayon shadow/liner, such as L'Oréal Eye Smoker.

TRANSFORM HAIR FROM DAY TO NIGHT

FAST Spritz hair with setting spray, such as Frederic Fekkai Stylist Spray, then set on hot rollers to build in volume.
FASTER Gather hair at the nape and twist into a figure-eight; secure with a decorative hair stick.
FASTEST Make a deep side part and fasten hair with a jeweled barrette at the opposite temple.

LOOK RESTED ON THREE HOURS' SLEEP

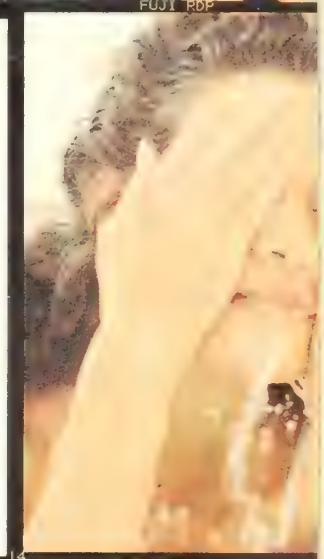
FAST Add a dab of shimmer—in stick, cream or powder form—on top of your usual makeup at inner and outer eye corners, and at your temples.
FASTER Lightly dust on a bronzing powder instead of foundation—and go easy on the eye makeup.
FASTEST Wear a crisp white shirt—it reflects light onto your face, giving you an instant glow.

GROOM YOUR EYEBROWS

FAST Use a brow stencil, such as Form-A-Brow by Senna, and fill in the perfectly shaped arch with powder brow color.
FASTER No matter what your hair color, use a light shade pencil, such as Revlon ColorStay Browcolor in Blonde, to create fullness without having to sketch in individual hairs.
FASTEST Groom, color and set shape all at once with a tinted brow gel like Jane Brow Beaters.









FAST FIXES AND FAKES FOR COMMON BEAUTY WOES . . . SUREFIRE STYLE AT HOME OR ON THE GO IS ALL IN WELL-CHOSEN DETAILS

SAY BYE-BYE TO A BLEMISH

FAST Speed healing by applying a lotion that contains tea tree oil, such as Burt's Bees Herbal Blemish Stick, three times a day.

FASTER Dot the blemish with Visine to reduce redness, then apply concealer and dab with pressed powder.

FASTEST If you've got a special occasion on your calendar and woke up with the biggest blemish of your life, a shot of cortisone from your dermatologist gets rid of it instantly.

GROW OUT A LAYERED HAIRCUT

FAST Get a blunt cut every six weeks to start evening up ends; what you lose in length, you gain in correcting the shape.

FASTER Try extensions—you leave the salon with long-as-you-want-'em locks and save styling time trying to make something out of your in-between length.

FASTEST Switch to thickening styling aids, such as Physique's Amplifying Spray, which creates air pockets between strands, increasing volume so you feel–and look—like you have more hair.

SHOP A SALE

FAST Make a list of items you need—replacements for basics that are out of style, worn out or don't fit—and stick to looking for just those things.

FASTER Shop with a built-in time limit—your lunch hour or one hour before the store closes—to help you avoid lingering over items with more price appeal than practicality.

FASTEST Call on a personal shopper, a complimentary service offered at many stores. Armed with your price, size and style preferences, she'll do a pre-shop of the store for you; you need only hit the fitting room.

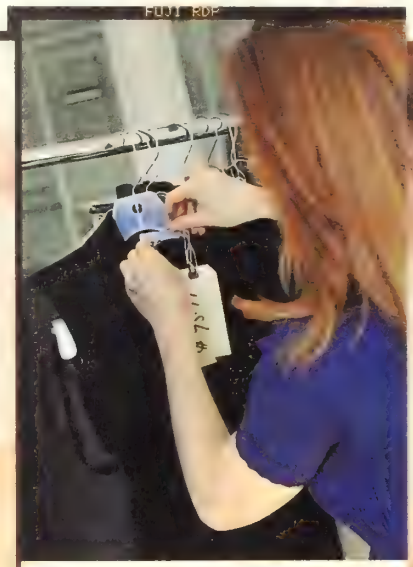
PACK A SUITCASE

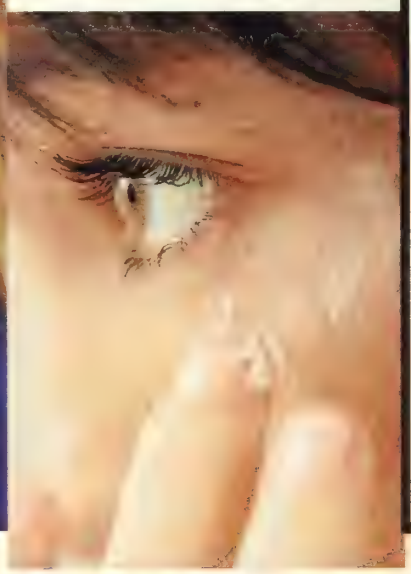
FAST Make a list of must-go-with-you items and tape it to the inside lid for quick reference; update it seasonally.

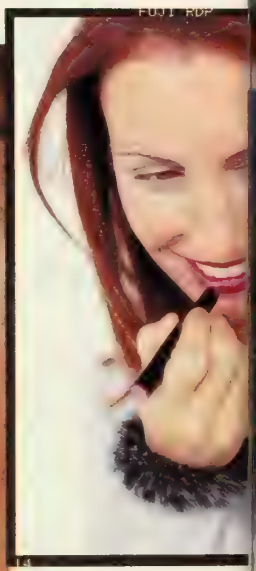
FASTER Roll tees, sweaters and pants instead of folding them (helps avoid packing creases, too).

FASTEST Stick to a neutral base (black or navy) for all the basic pieces; accessorize with white or taupe.









ORGANIZE YOUR HANDBAG

FAST Tote a structured bag with multi compartments and pockets. Always put everything—cell phone, datebook, wallet, keys—in the same place.

FASTER Carry a shallow shoulder bag so nothing can get lost far down.

FASTEST Edit down to the absolute essentials—wallet/checkbook combo, one lipstick, a keychain—and toss them in a hold-it-in-your-hand bag.



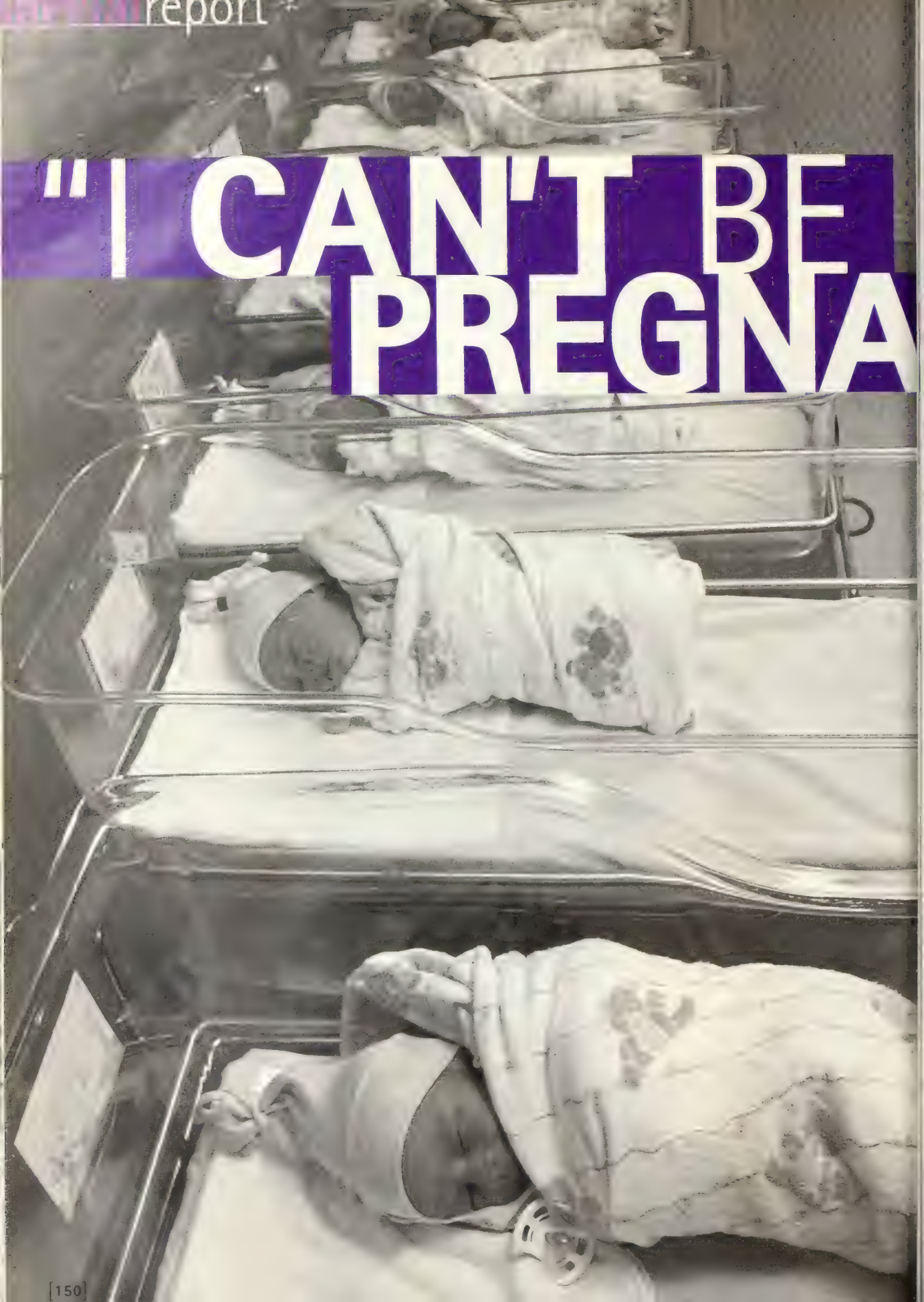
LOOK TRENDY NOW

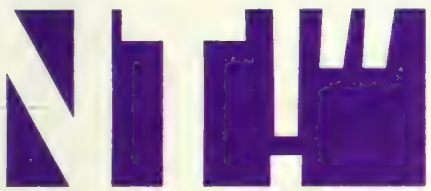
FAST Scissors and a needle and thread give you a no-cost instant update: Crop pants to ankle-length and shorten sleeves to three-quarter-length

FASTER Buy a quick-dry nail polish, such as Sally Hansen ColorFast Nail Enamel, in a color like ultratrendy orange for a sure shot of style

FASTEST Don anything that's dark denim—a fitted shirtjacket, or jeans with the cuffs turned up at least two inches

"I CAN'T BE PREGNA





EACH YEAR IN THE U.S. AT LEAST ONE MILLION MARRIED WOMEN BECOME PREGNANT—EVEN THOUGH THEY AREN'T TRYING TO HAVE A CHILD. WHY ARE THERE SO MANY UNPLANNED PREGNANCIES? AND HOW DO COUPLES REACT? LHJ INVESTIGATES. BY CAROL LYNN MITHERS

KARIN, THIRTY, A FASHION stylist who had been married just over a year, had always had wildly irregular menstrual cycles. So when she went almost seven weeks without a period, she didn't give it much thought. But one night, after having a drink with friends, she threw up. The next day, she met her mother for coffee, and found she couldn't stand the coffee smell. Her husband went out and bought a pregnancy test. When it registered positive, Karin threw herself onto the bed and cried.

Bonnie, a thirty-two-year-old homemaker who was nursing a nine-month-old, called her doctor because she was convinced she had the flu. In fact, she was pregnant. Angela, forty-two, an executive recruiter and mother of two teenage girls, told her husband she thought she had the Epstein-Barr virus because all she wanted to do was sleep. "Could you be pregnant?" he asked—and they both burst out laughing. Angela was perimenopausal and ovulating only every few months. When her gynecologist told them that, in fact, Angela was eleven weeks along, "All I could say is, 'How could this be?'" she recalls.

The words "unplanned pregnancy" tend to bring to mind a panicked teenager or young single woman. These images aren't wrong, but they are incomplete. According to the Alan Guttmacher Institute, a nonprofit organization in New York City dedicated to reproductive health research, policy analysis and education, of the slightly more than three million married women who got pregnant in the United States in 1994 (the most recent year for which these statistics are available), nearly one third were taken by surprise.

Since these women are married, their situations might seem fairly simple. In reality, of course, the issue is complex. An unplanned pregnancy can thrust a young couple into parenthood before they're emotionally and financially ready, send those with nearly grown children back to the beginning of a journey they thought was half done, or push an already-stressed family over the top with the pressures of providing for one more.

At the same time, it's extraordinarily painful and difficult to decide *not* to have the child of the man you love. "I got 'in trouble' when I was seventeen, and it was nothing like this," says Elizabeth, a graduate student who became pregnant unexpectedly when she was thirty-five and had a four-year-old and a one-year-old. "This was the hardest decision of my life."

RISKY BUSINESS

Married women have accidental pregnancies for the same reasons unmarried women do: their birth control fails, or they get careless. "It happened *(continued on page 186)*

MAKING TH



ROMANTIC In this Napa Valley bedroom, antique architectural columns were used to improvise a four-poster

E BED



THE BED AS MASTERPIECE: A BEAUTIFUL PLACE TO READ, RELAX, SNUGGLE OR SNOOZE. HERE, WAYS TO MAKE YOUR BED A TRUE WAKING DREAM, WHATEVER YOUR PERSONAL STYLE

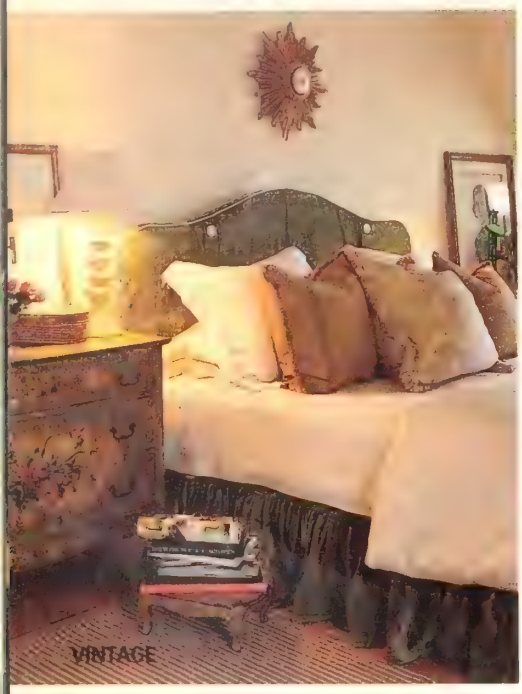
By Diane Dorrans Saeks

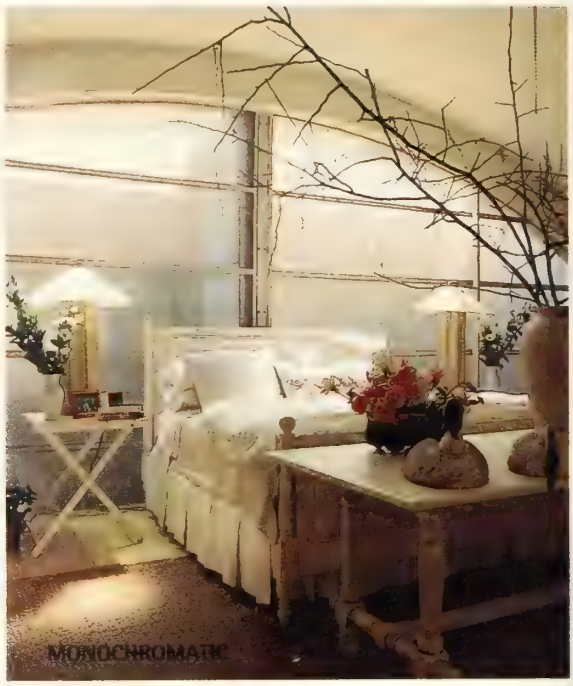
SCULPTURAL Simple, crisp lines on a tailored Shaker bed contrast with the curves of the chaise longue

sweetdreams


DRAMATIC


LUXURIOUS


VINTAGE


MONOCHROMATIC


CREATIVE


DREAMY

There was a time when making the bed was simply a matter of forming neat hospital corners. Bed making then was merely a chore—today it's practically a creative outlet. Virtually anything goes: Gothic arches posing as headboards, brilliantly mismatched sheets, vintage monogrammed pillows (so what if the initials are different from yours?). You can keep your bed all white, very Shaker and spare, or create a romantic fantasy with colorful swags of velvet, linen or lace.

In fact, when it comes to making the bed, getting too trendy is the only thing you want to avoid. (Today's whims are often tomorrow's embarrassments; you never want your bed to look as if it has taken a snooze.) For a beautiful bed that stays dreamily inviting, follow these rules of thumb:

- **Choose simple, classic fabrics** Avoid this-minute patterns and faddish colors. Taupe, eggshell or celadon won't date, and will give you decorating freedom.
- **Buy the best you can afford** High-quality, all-cotton bedding is worth the investment.
- **Combine styles** An eclectic approach has more staying power than a one-dimensional "theme." A beautiful bed can combine a floral-pattern duvet, a plain top sheet, a floral fitted sheet, and an assortment of lacy pillows—none of them matching.

Diane Dorrans Saeks is the author of "Bedrooms" (Chronicle Books, 1998).



COLORFUL White sheets are in calm contrast to this room's bold color scheme.

55125

GUEST CHECK 55264

I just discovered a great little Italian restaurant... your kitchen!
-Louie

55265

ST CHECK

Grilled, Italian-style chicken strips. Ready to take your pasta some place new.



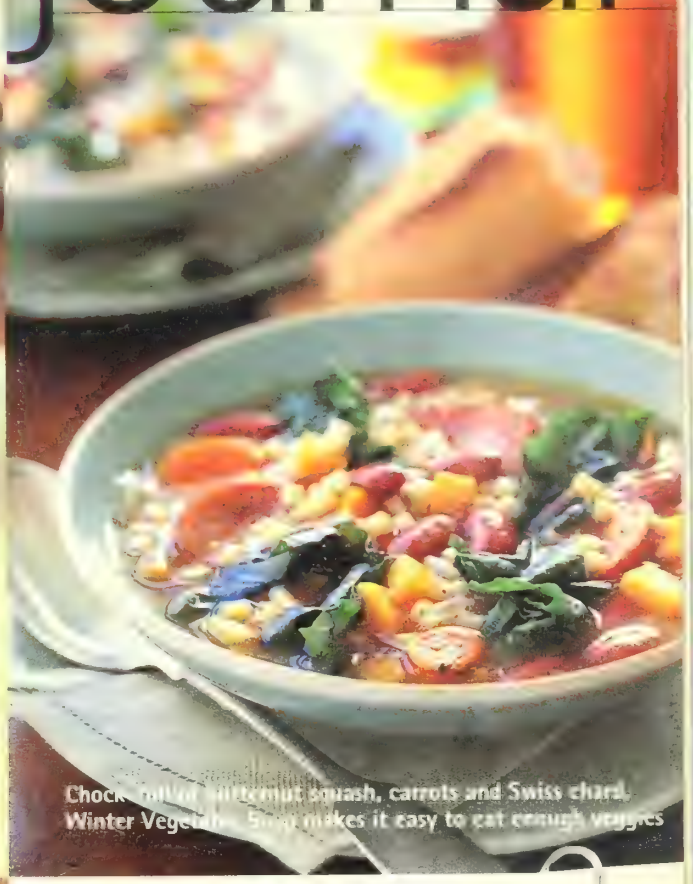
Be prepared for a great meal.™

LOUIS RICH

food journal



Zesty Meatball Noodle Soup with fettuccine gets its kick from a can of tomatoes with green chiles



Chock-full of butternut squash, carrots and Swiss chard, Winter Vegetable Soup makes it easy to eat enough veggies



There are oodles of Asian curly noodles in each bowl of Curried Chicken Noodle Soup

WINTER WARMERS

Try these three speedy **NOODLE SOUPS** for chilly winter nights—and if you love **MEAT AND POTATOES**, our healthy dishes are stick-to-your-ribs delicious. Bake a batch of the **PERFECT CINNAMON ROLLS** for a lazy Sunday morning, or impress friends with a luscious **COCONUT CREAM PIE**. Toss up a tasty **CAESAR SALAD** (it's low-fat!). And for your sweetheart, a top chef shares her recipe for a to-die-for decadent **CHOCOLATE MOUSSE DESSERT**

NOODLE SOUPS

WINTER VEGETABLE SOUP

The pasta cooks right in this hearty noodle soup.

Total prep and cooking time: 30 minutes
EASY, LOW-FAT, LOW-CALORIE

- 3 cans (14½ oz. each) chicken broth
- 1 pound peeled butternut squash, cubed
- ½ pound carrots, sliced
- ½ teaspoon salt
- ¼ teaspoon pepper
- ½ pound kielbasa, sliced
- 1 medium onion, chopped
- 1½ cups tubetti or tubettini pasta
- 1 can (15 to 16 oz.) red kidney beans, drained and rinsed
- ½ pound Swiss chard, trimmed and chopped

1. Combine broth, squash, carrots, 2 cups water, salt and pepper in a pot. Cover and bring to a boil.
2. Cook kielbasa and onion in large skillet over medium-high heat 5 minutes. Transfer to pot. Bring 1 cup water to boil in same skillet, stirring, then add to pot. Cover and return to a boil; simmer 5 minutes.
3. Stir in pasta and beans. Return to a boil; cover and boil 6 minutes, stirring occasionally. Stir in Swiss chard; simmer, uncovered, 2 to 3 minutes more, until chard is tender. Makes 6 servings.

Per serving: 350 calories, 12 g total fat, 4 g saturated fat, 28 mg cholesterol, 1,598 mg sodium, 48 g carbohydrates, 15 g protein, 125 mg calcium, 7 g fiber

ZESTY MEATBALL NOODLE SOUP

With cheese-filled meatballs and fill-you-up fettuccine, this soup is a whole meal in one bowl.

Total prep and cooking time: 30 minutes
EASY

- 2 cans (14½ oz. each) chicken broth
- 1 can (10 oz.) diced tomatoes with green chiles*
- 1½ teaspoons minced garlic, divided
- 1 teaspoon cumin
- ½ pound lean ground beef
- 1 cup shredded Monterey Jack cheese, divided
- ⅛ teaspoon salt
- ⅛ teaspoon pepper
- 4½ ounces fresh fettuccine, cut into 2-inch lengths
- 1 large zucchini, diced

1. Combine broth, tomatoes, 1 teaspoon garlic and cumin in a pot. Cover and bring to a boil; simmer 5 minutes.
2. Combine remaining garlic, beef, ½ cup cheese, salt and pepper in a bowl with hands. Shape into ¾-inch meatballs.
3. Add meatballs to broth. Cover and simmer 4 minutes. Add fettuccine and zucchini; bring to a boil. Simmer 2 minutes more, until fettuccine and zucchini are tender. Serve with remaining cheese. Makes 4 servings.

* RO-TEL TOMATOES WITH GREEN CHILES ARE AVAILABLE IN MOST SUPERMARKETS OR FROM SECRETS TO COOKING TEXMEX, 877-243-8839, OR *WWW.TEXMEX.NET*.

Per serving: 400 calories, 22.5 g total fat, 10.5 g saturated fat, 96 mg cholesterol, 1,362 mg sodium, 23 g carbohydrates, 23 g protein, 285 mg calcium, 2 g fiber



PAN-ROASTED GARLIC

When you need roasted garlic fast, toss a few cloves, unpeeled, into a small, heavy skillet over medium heat. Cover and cook 5 minutes, turning cloves once. Uncover; cook 3 to 5 minutes more, turning occasionally, until skins are lightly charred and cloves can be easily pierced with knife. Cool, peel and mash. Makes 2 teaspoons garlic puree.

CURRIED CHICKEN NOODLE SOUP

The aromatic Asian flavors in this soup are a welcome change from traditional chicken noodle.

Total prep and cooking time: 30 minutes
EASY, LOW-CALORIE

- 3 cans (14½ oz. each) chicken broth
- 1 medium sweet potato, peeled and chopped
- 1 to 2 tablespoons green or red Thai curry paste*
- 2 boneless, skinless chicken breast halves
- ½ teaspoon salt
- 1 package (5 oz.) Japanese curly dried wheat-flour noodles or cappellini
- 1 medium tomato, diced
- 1 cup unsweetened coconut milk
- 1 cup cilantro leaves

1. Combine broth, potato and curry paste in a pot. Cover and bring to a boil; simmer 5 minutes.
2. Slice chicken breasts crosswise ¼ inch thick; sprinkle with salt. Add noodles and tomato to broth. Bring to a boil; cover and simmer, stirring, 2 minutes. Add chicken; simmer 2 to 3 minutes, until cooked through. Stir in coconut milk. Sprinkle with cilantro. Makes 6 servings.

* AVAILABLE FROM A TASTE OF THAI, 800-243-0897.

Per serving: 295 calories, 12 g total fat, 8 g saturated fat, 30 mg cholesterol, 1,440 mg sodium, 29 g carbohydrates, 18 g protein, 29 mg calcium, 2 g fiber ■

Recipes by Sarah Reynolds

Recipe for Love



Fluffy 2-Step Chocolate Cheesecake

Prep: 10 minutes plus refrigerating

2 pkg. (8 oz. each) PHILADELPHIA® Cream Cheese, softened
4 squares BAKER'S® Semi-Sweet Baking Chocolate, melted
1/3 cup sugar
1 tub (8 oz.) COOL WHIP® Whipped Topping, thawed
1 ready-to-use chocolate flavor crumb crust (6 oz. or 9 in.)

MIX PHILADELPHIA Cream Cheese, chocolate, and sugar with electric mixer until well blended. Gently stir in COOL WHIP Whipped Topping.

SPOON into crust. Refrigerate 3 hours or overnight. Makes 8 servings.

KRAFT PHILADELPHIA

Cool Whip Whipped Topping

w.creamcheese.com

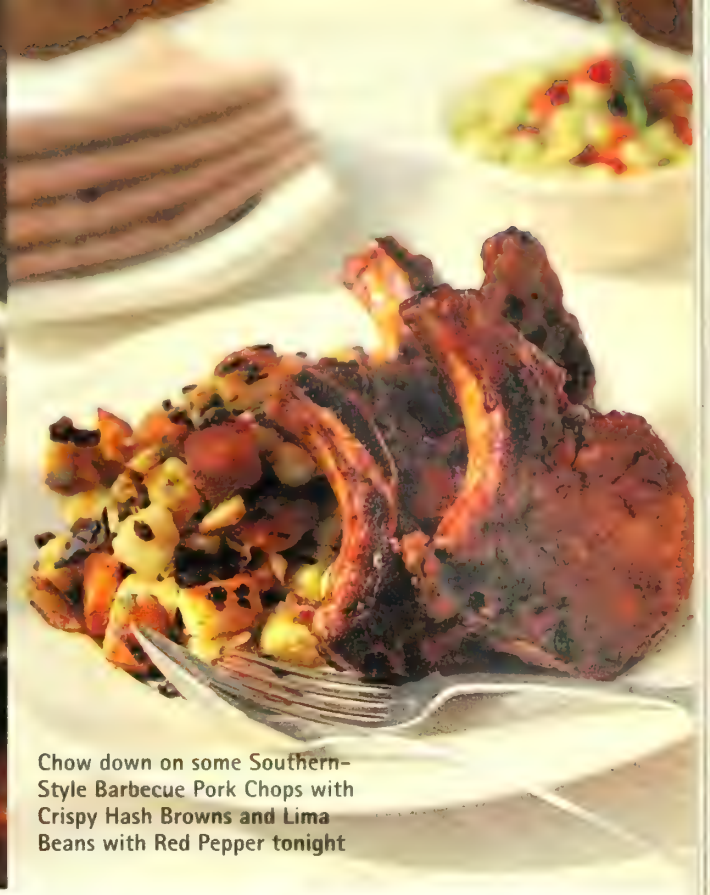
www.coolwhip.com



Skillet Steak with Mushrooms and Onions and Spicy Oven Fries—the tastes of your favorite steak house cooked up in your own kitchen



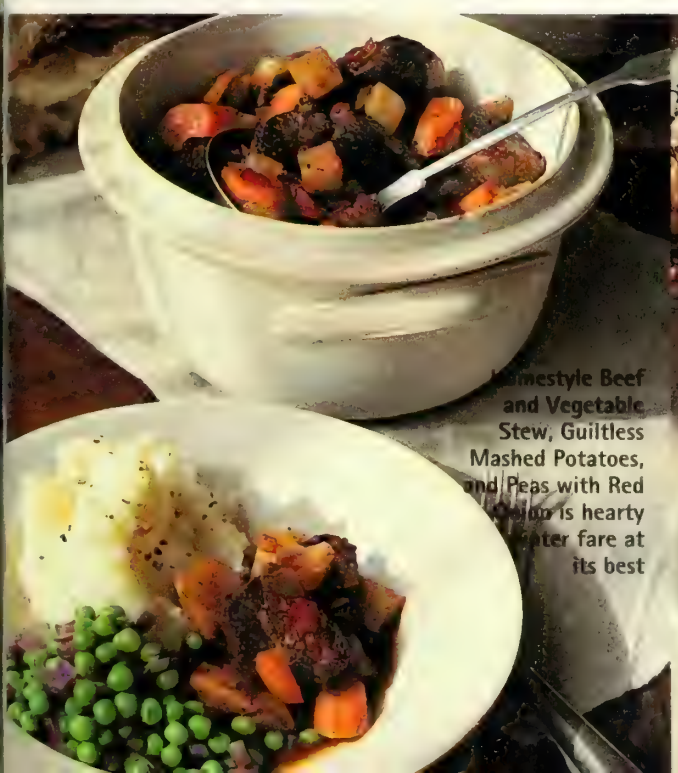
The whole family will love Good-For-You Meatloaf dished up with Warm German Potato Salad and Lemon Broccoli



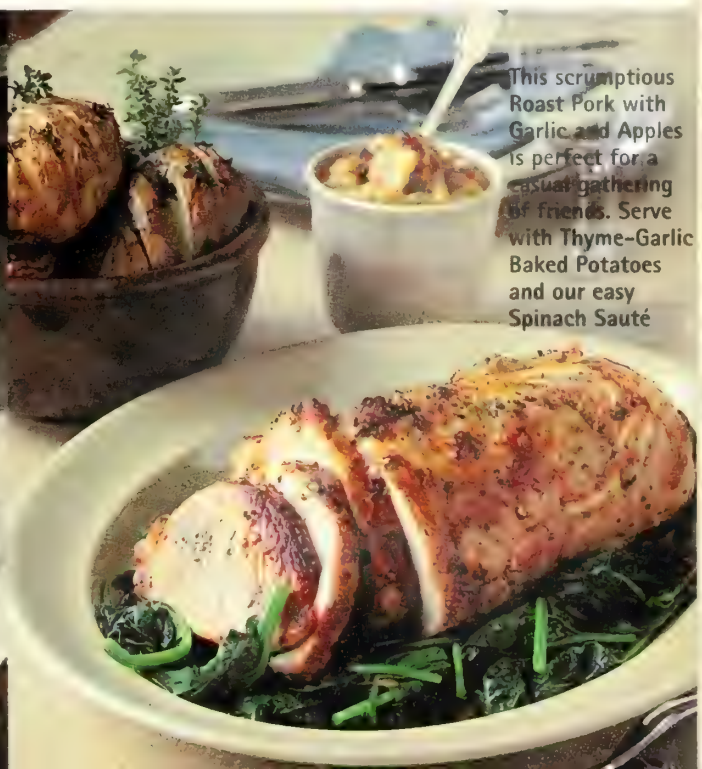
Chow down on some Southern-Style Barbecue Pork Chops with Crispy Hash Browns and Lima Beans with Red Pepper tonight

meat&potatoes

THESE GREAT UPDATES ON A FAVORITE DINNER COMBO COOK UP STEAKS, CHOPS, ROASTS AND SPUDS MORE TASTY AND MOUTHWATERING THAN EVER



Homestyle Beef and Vegetable Stew, Guiltless Mashed Potatoes, and Peas with Red Onion is hearty winter fare at its best



This scrumptious Roast Pork with Garlic and Apples is perfect for a casual gathering of friends. Serve with Thyme-Garlic Baked Potatoes and our easy Spinach Sauté

SOUTHERN-STYLE BARBECUE PORK CHOPS

Lean cuts *can* cook up moist and succulent. These chops brown in an ovenproof skillet to seal in the juices, then are slathered in a fabulous barbecue sauce.

Prep time: 10 minutes
Cooking time: 1 hour 15 minutes
EASY, LOW-CALORIE

Barbecue sauce
- 2 teaspoons olive oil
- 1/2 cup finely chopped onion
- 1 tablespoon chopped garlic
- 1 teaspoon cumin
- 1/4 to 1/2 teaspoon ground red pepper
- 1 cup tomato sauce
- 3/4 cup water
- 1/4 cup ketchup
- 2 tablespoons Worcestershire sauce
- 2 tablespoons packed brown sugar
- 2 tablespoons cider vinegar

- 1 teaspoon salt
- 1 teaspoon cumin
- 1/2 teaspoon freshly ground pepper
- 1/8 teaspoon ground red pepper
- 2 teaspoons olive oil
- Four 1-inch-thick pork loin rib chops (6 to 7 oz. each), excess fat trimmed
- Crispy Hash Browns (recipe follows) and Lima Beans with Red Pepper (recipe, page 170) (optional)

1. *Make barbecue sauce:* Heat oil in a 3-quart saucepan over medium heat. Add onion and garlic; cook until onion softens, 3 to 5 minutes. Stir in cumin and red pepper; cook 3 minutes. Stir in remaining ingredients; bring to a boil. Reduce heat and simmer, stirring occasionally, 1 hour. *(Can be made ahead. Cool. Store in airtight container up to 1 week. To reheat: Microwave sauce 4 to 5 minutes.)*
2. Heat oven to 350°F. Combine salt, cumin, black pepper and red pepper in a cup. Rub mixture on chops. Heat oil in a large nonstick, ovenproof skillet over medium-high heat, 2 minutes. Add chops and cook 2 minutes per side. Spoon 2 tablespoons barbecue sauce on top of each chop. Bake chops 8 to 10 minutes, or until instant-read thermometer* registers 155°F. when inserted in center of each chop. Serve chops with additional barbecue sauce, Crispy


Grilled Steak with Chile Sauce, Golden Potato Gratin, and Corn with Cilantro and Lime

Hash Browns, and Lima Beans with Red Pepper, if desired. Makes 4 servings.

* FOR A SPECIAL OFFER ON AN INSTANT-READ THERMOMETER, SEE BOX BELOW.

Per serving: 310 calories, 12 g total fat, 3 g saturated fat, 76 mg cholesterol, 1,285 mg sodium, 20 g carbohydrates, 30 g protein, 60 mg calcium, 2 g fiber

CRISPY HASH BROWNS

Your family will love these tasty hash brown potatoes (but will never guess they're low-fat!).

Prep time: 20 minutes
Cooking time: 35 to 38 minutes
EASY, LOW-FAT

- 2 tablespoons olive oil, divided
- 1 cup chopped onions
- 1/2 cup finely chopped green bell pepper
- 1/2 cup chopped celery
- 1 bay leaf
- 3/4 teaspoon salt
- 1/2 teaspoon paprika
- 1/4 teaspoon freshly ground pepper
- 1 1/4 cups chicken broth
- 3 russet potatoes (1 1/2 lbs.), peeled and diced
- 1 sweet potato (1/2 lb.), peeled and diced

1. Heat 1 tablespoon oil over mediu heat in a large nonstick skille 1 minute. Add onions and cook un softened, 3 minutes. Stir in bell pe per, celery, bay leaf, salt, paprika ar pepper. Cook until vegetables softe 5 minutes. Discard bay leaf. Transf vegetables to small bowl; set aside.
2. Bring broth and potatoes to bo in the same skillet over medium hea Cover and simmer potatoes unt tender and most of the liquid h evaporated, 17 to 20 minutes. Ur cover skillet and stir in reserved veg etables. Add remaining 1 tablespoo oil. Cook 10 minutes more, stirrin hash often to prevent sticking, unt potatoes are golden brown. Mak 4 to 6 servings.

Per serving: 210 calories, 6.5 g total fat, 1 g saturated f 0 mg cholesterol, 631 mg sodium, 34 g carbohydrates, protein, 22 mg calcium, 4 g fiber

GRILLED STEAK WITH CHILE SAUCE

Test Kitchen Favorite

When you want it hot, serve up th gutsy grilled steak glazed with roaste garlic and fiery chile sauce.

Prep time: 20 minutes plus standing
Grilling time: 15 to 24 minutes
EASY, LOW-CALORIE

- 4 large garlic cloves, unpeeled
- 2 chipotle chiles in adobo* with 1 tablespoon adobo sauce
- 1 tablespoon fresh lime juice
- 1 tablespoon honey
- 2 teaspoons olive oil
- 1/2 teaspoon salt
- 1 beef top round steak (2 lbs.), 1 3/4 inch thick
- 1/2 cup chicken broth

(continue

LHJ SPECIAL OFFER

How Hot Is It?



For our meat recipes, we recommend an instant-read thermometer. The Digital Instant-Read Thermometer has a precise, easy-to-read display that includes both Centigrade and Fahrenheit readings and covers a wide range of temperatures. The lightweight, sturdy construction is designed for household use, and the smooth, porous material will not absorb food odors. Water-resistant case and long-life battery included. From Robinson Knife Co. ($24.95).

Prices include shipping, handling and applicable sales tax. TO ORDER: Call 800-763-6393 (MasterCard, Visa and Discover Card users) or send your name, street address and a check to LHJ® Resources, Dept. L0200, P.O. Box 9381, Des Moines, IA 50306-9381. Please specify product. Orders outside the contiguous United States, please add $15 S&H.



Ordinary eggs want to be as healthy as Egg Beaters. Fat chance.

Egg Beaters are delicious real eggs, but with no fat, no cholesterol, and less than half the calories. That means you can eat healthy without having to give up favorite dishes like omelets and scrambled eggs. And they're available refrigerated or frozen. It's enough to turn ordinary shell eggs green with envy.



Egg Beaters. We're Good Eggs!



Got that sinking feeling dinner's going to be late?

Grab ahold of some Minute® Rice. There are hundreds of delicious meals you can make in 15 minutes. It's the perfect last Minute idea.

MEAT & POTATOES
Continued

Golden Potato Gratin (recipe follows)
Corn with Cilantro and Lime (recip
page 170) (optional)

1. Pan-roast garlic *(see "Pan-Roa
Garlic," page 158).*
2. Finely chop garlic and chiles; tr
fer mixture to a cup. Stir in ad
sauce, lime juice and honey.
3. Brush 1 teaspoon oil and sprin
¼ teaspoon salt on each side of st
Heat a large (10-inch) grill-pan sk
over medium-high heat, 2 minu
Arrange steak in pan; spoon hal
chile mixture over top. Grill steak
7 minutes, turn and spread remain
chile mixture on top of steak; grill
7 minutes. Add broth to skillet; rec
heat to medium. Turn steak and
5 to 10 minutes more, until inst
read thermometer inserted in cente
steak registers 135°F. for medium-
Transfer steak to cutting board;
stand 5 minutes. Thinly slice; s
with pan sauce, Golden Potato Gr
and Corn with Cilantro and Lim
desired. Makes 6 servings.

* CHIPOTLE CHILES IN ADOBO ARE AVAILABLE
MOST SUPERMARKETS OR FROM MO HOTTA-MO
BETTA, 800-462-3220

Per serving: 305 calories, 16 g total fat, 6 g saturat
92 mg cholesterol, 411 mg sodium, 5 g carbohyd
33 g protein, 15 mg calcium, 0 g fiber

LADIES' HOME JOURNAL online

Indulge in these favorites created by pros in the *Ladies' Home Journal* Kitchen. Log on to www.lhj.com/kitc for new recipes, including Roast Porl Tenderloin with Braised Cabbage, Tex-Mex Mac 'N Cheese and Carame Glazed Ginger Custards.

Also on our site, you can register to receive the free LHJ RecipE-mail, a delicious, doable recipe sent to you c via E-mail direct from our kitchens. up now, and you'll be in time to rece these recipes: Shrimp Scampi Over Linguine, Glazed Ham Steak with Pa Salsa, and Creamy Rice Pudding.

)EN POTATO GRATIN

tato "gratin" usually means a lot tter, heavy cream and cheese, but his time. We use rich-tasting on gold potatoes instead of all- ose potatoes, and replace the with chicken broth.

ime: 15 minutes plus standing
g time: 55 to 60 minutes

spoons butter, softened and divided
e clove garlic
ups chicken broth
aspoon salt
aspoon freshly ground pepper
nds Yukon gold potatoes, peeled
d sliced 1/4 inch thick
p shredded Gruyère or Swiss eese
p finely shredded Parmesan cheese
lespoon snipped fresh chives

Heat oven to 400°F. Grease a art shallow baking dish with spoon of the butter.
mash garlic with side of knife. g broth, garlic, salt and pepper to il in a small saucepan. Remove heat and let stand 10 minutes.
rrange half the potatoes in over- ing slices to cover the bottom of ared dish. Remove the garlic from broth. Pour half the broth over the toes, then sprinkle with half the ses. Repeat with remaining pota- , broth and cheeses. Sprinkle top chives, then dot with remaining aspoons butter. Cover dish with and bake 40 minutes. Uncover and potatoes 15 to 20 minutes more, l top is golden and potatoes are der when pierced with a knife. es 6 servings.

rving: 198 calories, 7.5 g total fat, 4 g saturated fat, cholesterol, 558 mg sodium, 25 g carbohydrates, otein, 154 mg calcium, 2 g fiber

AST PORK WITH GARLIC D APPLES

secret to our tender, juicy pork is narinate it in a "brine"—a simple tion of water and salt.

time: 25 minutes plus marinating
king time: 60 to 70 minutes
Y, MICROWAVE USED

Brine
- Water
- 1 apple, cut into eighths
- 1/4 cup kosher salt
- 1/4 cup sugar
- 4 large garlic cloves, crushed
- 2 teaspoons whole black peppercorns
- 4 fresh sage leaves, or 1 teaspoon dried

- 2 1/2 pounds boneless, center-cut pork loin
- 2 apples, peeled, cored and cut into eighths
- 2 tablespoons finely chopped garlic
- 2 tablespoons chopped fresh sage, or 2 teaspoons dried
- 1 tablespoon olive oil
- 2 teaspoons cider vinegar
- 1/2 teaspoon freshly ground pepper
- 1/4 teaspoon salt
- Thyme-Garlic Baked Potatoes (recipe follows) and Spinach Sauté (recipe, page 170) (optional)

1. *Make brine:* Microwave 2 cups water in bowl on High 3 minutes, until steaming. Stir in apple, salt, sugar, garlic, peppercorns and sage until sugar has almost dissolved. Add 2 cups cold water. Cool to room temperature.
2. Pour brine in large, heavy-duty, resealable plastic storage bag. Add pork. Push out excess air from bag and seal. Marinate pork in the refrigerator 24 hours, turning the bag several times.
3. Spread the two apples in an 11x7-inch baking dish. Combine garlic, sage, oil, vinegar, pepper and salt in a cup.
4. Heat oven to 350°F. Drain pork in colander; discard brine and solids. Rinse pork under cold running water. Pat dry. Rub pork with garlic mixture and place on top of apples in dish.
5. Roast pork and apples until instant-read thermometer inserted in center of pork registers 155°F., about 60 to 70 minutes. Transfer pork to serving plate; cover loosely with foil. Remove apples from baking dish, coarsely chop and transfer to a bowl; skim fat from drippings in pan. Stir drippings into apples. Serve pork with apples, Thyme-Garlic Baked Potatoes, and Spinach Sauté, if desired. Makes 6 servings.

Per serving: 410 calories, 23.5 g total fat, 8.5 g saturated fat, 116 mg cholesterol, 431 mg sodium, 9 g carbohydrates, 38 g protein, 54 mg calcium, 1 g fiber

(continued)

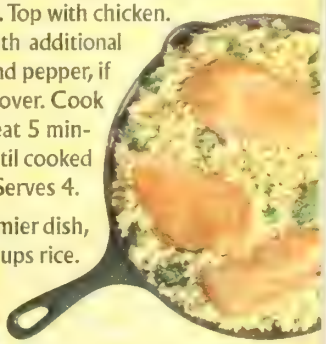


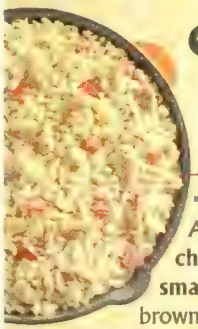
All it takes is 15 minutes

15 Minute Chicken & Rice Dinner

- Heat 1 Tbsp. oil in skillet. Add 4 boneless, skinless chicken breast halves; cook until lightly browned. Remove chicken.
- Add 1 can (10-3/4 oz.) CAMPBELL'S® Cream of Chicken Soup, 1-1/2 cups water and 1/4 tsp. each paprika and pepper; stir. Heat to a boil.
- Stir in 2 cups MINUTE White Rice, uncooked and 2 cups broccoli flowerets. Top with chicken. Season with additional paprika and pepper, if desired; cover. Cook on low heat 5 minutes or until cooked through. Serves 4.

For a creamier dish, use 1-1/2 cups rice.





15 Minute Chicken Parmesan Risotto

- Heat 1 Tbsp. oil in skillet. Add 1 lb. boneless, skinless chicken breasts, cut into small pieces; cook until lightly browned. While chicken is cooking, chop 1 large tomato.
- Add 1 can (10-3/4 oz.) CAMPBELL'S® Cream of Chicken Soup, 1-2/3 cups milk, 1/2 cup (2oz.) KRAFT 100% Grated Parmesan Cheese and 1/2 tsp. Italian seasoning; stir. Heat to a boil.
- Stir in 2 cups MINUTE White Rice, uncooked and tomato; cover. Cook on low heat 5 minutes or until cooked through. Serves 4.

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The Perfect Last Minute Idea.

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THYME-GARLIC BAKED POTATOES

Just slit the top of each potato, tuck in thyme sprigs and garlic, and you've got a new twist on an old favorite.

Prep time: 15 minutes
Baking time: 50 to 55 minutes
EASY, MICROWAVE USED

2 teaspoons butter or margarine
2 teaspoons olive oil
3 slices garlic
4 large baking potatoes (8 oz. each), scrubbed
Twelve 3-inch sprigs fresh thyme
½ teaspoon salt
¼ teaspoon freshly ground pepper

1. Heat oven to 450°F.
2. Combine butter, oil and garlic in microwaveproof cup. Cover with plastic wrap, and microwave on Medium-High 1 minute, until butter melts. Let stand, covered, 5 minutes; remove garlic.
3. Arrange one potato flat side down on a work surface. With a small, sharp knife, make four crosswise cuts into the top of potato, two thirds of the way through, being careful not to cut all the way through. Cut 3 sprigs of thyme into ½-inch pieces. Using the tip of the knife, divide and tuck pieces into each slit. Repeat process with remaining potatoes and thyme.
4. Transfer potatoes to a jelly-roll pan. Drizzle cut sides of potatoes with melted-butter mixture, and sprinkle with salt and pepper. Bake 50 to 55 minutes, until tender when pierced with a knife. Makes 4 servings.

Per serving: 220 calories, 4.5 g total fat, 1.5 g saturated fat, 5 mg cholesterol, 323 mg sodium, 42 g carbohydrates, 5 g protein, 28 mg calcium, 4 g fiber

GOOD-FOR-YOU MEATLOAF

This moist meatloaf is a winner, thanks to a combination of ground beef and veal, portobello mushrooms and onions.

Prep time: 20 minutes
Baking time: 55 to 60 minutes
EASY, LOW-CALORIE

1 tablespoon olive oil
1 cup chopped onions
1 package (6 oz.) sliced portobello mushrooms, chopped
1 large egg
2 tablespoons water
¾ pound lean ground beef
¾ pound ground veal
⅔ cup fresh bread crumbs (2 slices)
3 tablespoons finely chopped carrot
2 teaspoons coarse grain mustard
1 teaspoon minced garlic
1 teaspoon salt
¼ teaspoon freshly ground pepper
Warm German Potato Salad (recipe follows) and Lemon Broccoli (recipe, page 170) (optional)

1. Heat oven to 375°F.
2. Line a 13x9-inch baking pan with foil; lightly coat foil with vegetable cooking spray. Heat oil in a 12-inch skillet over high heat; add onions and mushrooms and cook, stirring occasionally, 6 to 7 minutes, until mushroom liquid has evaporated and mushrooms are browned. Cool.
3. Toss onion mixture with remaining ingredients lightly with fingertips in a large bowl. Shape mixture into 9x4-inch loaf in pan. Cover with foil



:e 30 minutes. Uncover meatloaf
l bake 25 to 30 minutes more, un-
instant-read thermometer inserted
o center registers 160°F. Let meat-
f stand in pan 5 minutes. Remove
m pan with large spatula and trans-
to serving platter. Serve with
arm German Potato Salad and
mon Broccoli, if desired. Makes
ervings.

serving: 395 calories, 22.5 g total fat, 8 g saturated
172 mg cholesterol, 776 mg sodium, 10 g carbohy-
es, 35 g protein, 46 mg calcium, 2 g fiber

ARM GERMAN POTATO SALAD

e substitute chicken broth for most
the oil and use plenty of mustard
d shallots in the hot dressing, so
u'll need only one slice of bacon to
vor the dressing.

p time: 15 minutes
oking time: 18 to 20 minutes
SY, LOW-FAT, MICROWAVE USED

ssing
slice bacon
tablespoon olive oil
3 tablespoons minced shallot
1/3 cup chicken broth
2 tablespoons white-wine vinegar
2 tablespoons coarse grain mustard
1/2 teaspoon salt
1/4 teaspoon sugar
Pinch ground red pepper

2 pounds red potatoes, scrubbed and cut into 1-inch chunks
1 tablespoon salt

1. *Make dressing:* Cook bacon in skillet until crisp. With slotted spoon, transfer to a paper towel. Cool; crumble and set aside.
2. Add oil and shallots to skillet; cook 1½ to 2 minutes, until lightly browned. Transfer shallots to microwaveproof cup, scraping with rubber spatula. With fork, whisk in chicken broth, vinegar, mustard, salt, sugar and ground red pepper. *(Can be made ahead. Cover and let dressing stand at room temperature up to 4 hours.)*
3. Bring potatoes, salt and enough cold water to cover to a boil. Reduce heat to medium-high and cook potatoes 18 to 20 minutes, until just fork-tender. Drain in colander; let stand 5 minutes. Transfer potatoes to serving bowl. Microwave dressing on High 1 minute, until heated through; pour over potatoes and toss gently with spatula. Sprinkle bacon over top. Makes 6 servings.

Per serving: 175 calories, 5 g total fat, 1 g saturated fat, 3 mg cholesterol, 541 mg sodium, 28 g carbohydrates, 3 g protein, 2 mg calcium, 3 g fiber

SKILLET STEAK WITH MUSHROOMS AND ONION

Love teriyaki steak? Then dig into our tasty top sirloin with sherry, sweet onion, shiitake mushrooms, garlic and ginger.

Prep time: 20 minutes plus standing
Cooking time: 25 minutes
EASY

1 tablespoon peanut or vegetable oil
1 medium sweet onion (such as Spanish or Vidalia), very thinly sliced
2 teaspoons minced garlic
1 teaspoon grated fresh ginger
1 pound shiitake mushrooms, sliced
3 tablespoons dry sherry, divided
2/3 cup chicken broth

(continued)



MEAT & POTATOES

¼ cup teriyaki sauce
½ teaspoon cornstarch
1 beef loin top sirloin steak, boneless (1½ lbs.), about 1 inch thick
1 teaspoon salt
½ teaspoon freshly ground pepper
Spicy Oven Fries (recipe follows) and steamed green beans (optional)

1. Heat oven to 350°F.
2. Heat oil in 12-inch nonstick ovenproof skillet over medium-high heat. Add onion and cook 4 minutes, until softened and beginning to brown. Add garlic and ginger; cook 30 seconds, until fragrant. Add mushrooms and 1 tablespoon sherry. Cover and cook 3 minutes, until softened. Stir mushrooms and cook, uncovered, 5 minutes more, until mushrooms are lightly browned.
3. Meanwhile, whisk chicken broth, teriyaki sauce, remaining 2 tablespoons sherry and cornstarch together in small bowl. Add to mushroom mixture and bring to a boil. Boil 30 seconds. Transfer to a bowl. Cover and keep warm.
4. Wipe out skillet. Sprinkle steak with salt and pepper. Heat the skillet over medium-high heat 2 minutes, until very hot. Add steak; cook 1½ minutes per side until browned. Transfer skillet to oven and bake steak 5 minutes. Remove skillet from oven, turn steak over and insert an instant-read thermometer on an angle into center of steak (temperature should register 125°F.). Transfer steak to a cutting board; let stand 5 minutes (temperature will increase to 130°F. to 135°F. for medium-rare). Slice steak; transfer to 4 serving plates and top with mushroom mixture. Serve with Spicy Oven Fries and steamed green beans, if desired. Makes 4 servings.

Per serving: 420 calories, 18 g total fat, 6 g saturated fat, 127 mg cholesterol, 1,549 mg sodium, 14 g carbohydrates, 46 g protein, 36 mg calcium, 2 g fiber

SPICY OVEN FRIES

These crisp potato wedges, with a touch of olive oil, are guaranteed to satisfy with just the right amount of crunch.

Prep time: 15 minutes
Baking time: 24 to 28 minutes
EASY

6 teaspoons olive oil, divided
1 teaspoon turmeric
1 teaspoon onion powder
¾ teaspoon salt
¼ teaspoon white pepper
1½ pounds russet potatoes

1. Arrange oven racks in upper and lower third of oven. Heat oven to 425°F. Lightly brush 2 large cookie sheets with 2 teaspoons oil.
2. Combine turmeric, onion powder, salt and pepper in cup.
3. Quarter the potatoes lengthwise, then cut each quarter into 4 long wedges. Blot dry with paper towels. Toss potatoes with remaining 4 teaspoons oil in large bowl. Sprinkle potatoes with half the spice mixture, turning potatoes gently with rubber spatula. Toss potatoes again with remaining spices until thoroughly coated on all sides. Divide and spread potatoes evenly on 2 large baking sheets. Bake 24 to 28 minutes, switching pans halfway through, until potatoes are golden and crisp. Makes 4 servings.

Per serving: 200 calories, 7 g total fat, 1 g saturated fat, 0 mg cholesterol, 450 mg sodium, 31 g carbohydrates, 3 g protein, 4 mg calcium, 3 g fiber

HOMESTYLE BEEF AND VEGETABLE STEW

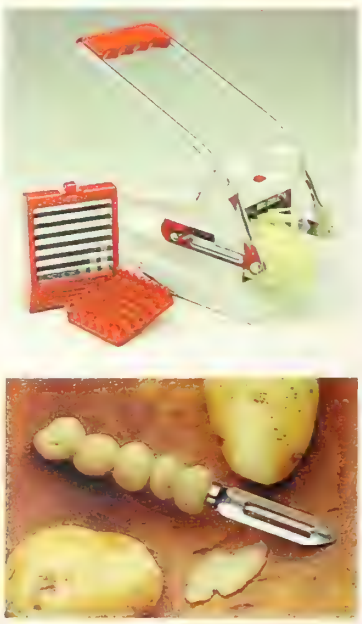
Beef bottom round roast is perfect for braising slowly. Like the best winter stews, ours has a lovely assortment of root vegetables.

Prep time: 25 minutes
Baking time: 2 hours 30 minutes to 2 hours 45 minutes
EASY

1 tablespoon coarsely chopped garlic
1 teaspoon salt
½ teaspoon freshly ground pepper
2½ pounds beef bottom round roast, cut into 1-inch cubes
6 teaspoons olive or vegetable oil, divided
2 cups chopped onions
1 celery rib, chopped
⅓ cup red wine
1 bay leaf
¼ teaspoon cinnamon
1 can (14½ oz.) diced tomatoes in juice
1 pound carrots, diced
2 medium (¾ lb.) turnips, peeled and diced
Guiltless Mashed Potatoes (recipe follows) and Peas with Red Onion (recipe, page 170) (optional)

1. Heat oven to 325°F.
2. Chop garlic again with salt. Pres with side of knife to form a paste mix in pepper. Rub paste onto bee in bowl.
3. Heat 2 teaspoons oil in *(continued*

FROM THE LHJ KITCHEN



These easy-to-use gadgets make prepping for potato recipes a breeze. Our Potato Package includes a multipurpose slicer, a peeler, and a matching potato brush (not pictured). Simply insert a potato into the slicer and push down on the handle, and you'll have potato strips that are perfect for french fries. It's great for apples, too. Available by special arrangement with SCI International, Boston Warehouse and MSC International, the Three-Piece Potato Package sells for $37.95, which includes shipping, handling and applicable sales tax.

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THEY JUST GET BETTER.



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The HV Food Products Co.

Dutch oven over medium-high heat. Add half the beef and cook 3 to 4 minutes, until browned on all sides. Transfer to another bowl. Repeat with remaining beef and 2 teaspoons oil.

4. Add onions, celery and remaining 2 teaspoons oil to Dutch oven; cook 3 to 4 minutes, just until vegetables start to brown. Add wine, bay leaf and cinnamon and bring to a boil; boil 1 minute. Add beef and remaining ingredients. Bring mixture to a boil; cover and bake 2½ to 2¾ hours, until beef is tender. Divide stew into 6 to 8 shallow serving bowls. Serve with Guiltless Mashed Potatoes, and Peas with Red Onion, if desired. Makes 6 to 8 servings.

Per serving: 380 calories, 21.5 g total fat, 7.5 g saturated fat, 90.8 mg cholesterol, 502 mg sodium, 15 g carbohydrates, 31 g protein, 62 mg calcium, 4 g fiber

GUILTLESS MASHED POTATOES

We boiled red potatoes with fresh rosemary, then mashed them with low-fat milk and chicken broth for a bowl of spuds so tasty and creamy, no one will miss the pat of butter.

Prep time: 15 minutes
Cooking time: 18 to 20 minutes
EASY, LOW-FAT, MICROWAVE USED

2 pounds red potatoes, peeled
1 sprig fresh rosemary
¼ cup low-fat (99%) milk
¼ cup chicken broth
1 teaspoon salt
¼ teaspoon freshly ground pepper

1. Bring potatoes, rosemary sprig a enough cold water to cover by 2 inc es to boil in large saucepan. Redu heat and simmer 18 to 20 minutes, u til potatoes are fork-tender.

2. Drain potatoes; discard rosemar Microwave milk and broth in m crowaveproof cup until hot, 1 minut Return potatoes to saucepan and co 2 minutes over low heat to dr Coarsely mash potatoes with pota masher or large wooden spoon. Stir broth mixture, salt and pepper un well combined and heated throug Makes 6 servings.

Per serving: 115 calories, .5 g total fat, 0 g saturated 0 mg cholesterol, 446 mg sodium, 25 g carbohydrates, protein, 13 mg calcium, 2 g fiber ■

Recipes by Jane Yagoda Goodman and Cynthia DePersio

AND AS A SIDE . . .

Pick your favorite meat and potato dinner, then pair it up with any of our five speedy side dishe

LEMON BROCCOLI

Prep time: 10 minutes
Cooking time: 6 minutes

Place steamer basket in a saucepan. Add enough water to reach just under the basket. Arrange *1 bag* (16 oz.) *fresh broccoli florets* in basket; cover and bring water to a boil. Cook broccoli 3 to 4 minutes, until just tender. Microwave *1 tablespoon olive oil* and *¼ teaspoon minced garlic* in microwaveproof bowl on High 40 to 60 seconds, until garlic is fragrant. Stir in *¼ teaspoon lemon peel, 1 tablespoon fresh lemon juice, ½ teaspoon* salt and *⅛ teaspoon pepper*. Add broccoli and toss. Makes 6 servings.

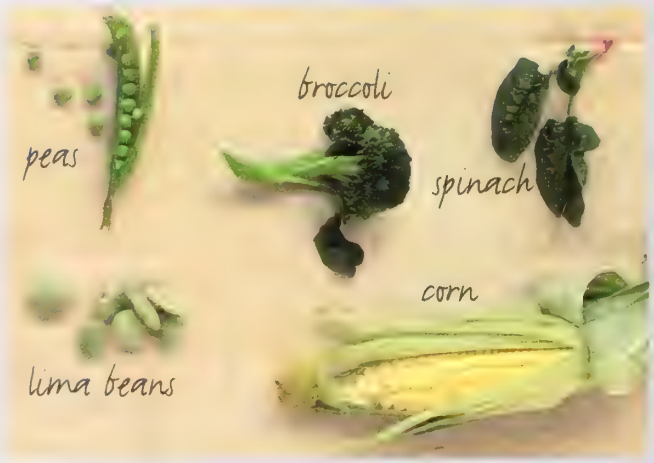
Per serving: 40 calories, 2 g total fat, .5 g saturated fat, 0 mg cholesterol, 213 mg sodium, 4 g carbohydrates, 2 g protein, 41 mg calcium, 2 g fiber

PEAS WITH RED ONION

Prep time: 5 minutes
Cooking time: 5 to 6 minutes

Heat *1 teaspoon* each *olive oil* and *butter* in saucepan. Add *¼ cup chopped red onion* and cook 2 minutes. Add *2 cups frozen peas, 2 tablespoons water, ⅛ teaspoon* each *salt* and *pepper*. Cover and cook vegetables 3 to 4 minutes, until hot. Stir. Makes 4 servings.

Per serving: 80 calories, 2.5 g total fat, 1 g saturated fat, 3 mg cholesterol, 165 mg sodium, 11 g carbohydrates, 4 g protein, 19 mg calcium, 3 g fiber



CORN WITH CILANTRO AND LIME

Prep time: 10 minutes
Cooking time: 8 to 10 minutes

Heat *1 tablespoon olive oil* in large nonstick skillet. Add *1 tablespoon sliced garlic* and *1 teaspoon chopped jalapeño*; cook 5 minutes. Stir in *1 bag* (16 oz.) *frozen corn*, thawed, and ½ teaspoon salt. Increase heat and cook until corn is heated through, 5 minutes. Remove from heat. Stir in *1 tablespoon chopped fresh cilantro* and *1 teaspoon fresh lime juice*. Makes 4 servings.

Per serving: 135 calories, 4.5 g total fat, .5 g saturated fat, 0 mg cholesterol, 293 mg sodium, 25 g carbohydrates, 4 g protein, 10 mg calcium, 2 g fiber

SPINACH SAUTÉ

Prep time: 5 minutes
Cooking time: 5 to 6 minutes

Heat *1 tablespoon olive oil* in a Dutch oven. Add *¼ cup chopped shallots*; cook 2 minutes. Add *2 bags* (10 to 12 oz. each) *fresh spinach*, cover a cook 3 to 4 minutes, stirri until spinach wilts. Stir *1½ teaspoons balsamic vineg ¼ teaspoon salt* and *⅛ teaspo pepper*. Makes 4 servings.

Per serving: 70 calories, 4 g total fat, saturated fat, 0 mg cholesterol, 268 sodium, 7 g carbohydrates, 5 g prot 158 mg calcium, 4 g fiber

LIMA BEANS WITH RED PEPPER

Prep time: 10 minutes
Cooking time: 15 minutes

Microwave *1 bag (16 o frozen lima beans* according package directions; dra well. Heat *1 tablespoon ol oil* in a skillet. Add *½ c chopped onion* and co 5 minutes. Stir in *½ cup di red bell pepper* and co 6 minutes. Stir in *2 teaspoo chopped garlic*; cook until fr grant. Add lima beans a *½ cup chicken broth*. Co until lima beans are heat through, 3 to 5 minut more. Stir in *¼ teaspoon pe per*. Makes 4 servings.

Per serving: 170 calories, 4 g total .5 g saturated fat, 0 mg choleste 195 mg sodium, 26 g carbohydrates, protein, 36 mg calcium, 7 g fiber



Want to chop, dice and cut prep time?

Campbell's® Chicken & Broccoli Alfredo

Prep/Cook Time: 20 min.

- 1/2 pkg. linguine or spaghetti (8 oz.)
- 1 cup fresh or frozen broccoli flowerets
- 2 tbsp. butter
- 1 lb. boneless chicken breasts, cubed
- 1 can (10 3/4 oz.) Campbell's® Cream of Mushroom or 98% Fat Free Cream of Mushroom Soup
- 1/2 cup milk
- 1/2 cup grated Parmesan cheese
- 1/4 tsp. pepper

Cook linguine according to package directions. Add broccoli for last 4 min. of cooking time. Drain.

Heat butter in skillet. Add chicken and cook until browned, stirring often.

Add soup, milk, cheese, pepper and linguine mixture and heat through. Serve with additional Parmesan cheese. Serves 4.

www.campbellsoup.com

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We have a soup for that.

Chocolate Clouds

Passionate about chocolate? Cookbook author Elaine Gonzalez sure is! Here, one of her most elegant dessert recipes to make for someone you love



Each of Elaine Gonzalez's spectacular desserts deftly combines chocolate wizardry and simple, innovative techniques. "These chocolate mousse cups with chocolate scrolls and chocolate-dipped strawberries are deceptively easy," says Gonzalez, author of *The Art of Chocolate* (Chronicle, 1998). "Nearly everything can be made and assembled the day before." She suggests buying chocolate bars in the candy section of the supermarket.

CHOCOLATE CUPS WITH RICH CHOCOLATE MOUSSE

Indulgent But Worth It

Prep time: 2 hours plus standing and chilling
Microwave time: 4 minutes
MODERATE, MICROWAVE USED

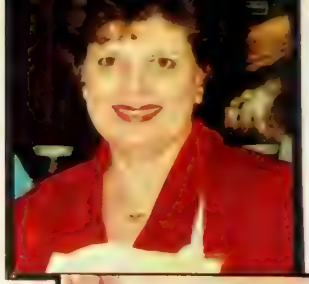
Chocolate Bowls and Filigree Scrolls
- 20 ounces semisweet chocolate squares, divided

Strawberry sauce
- 1 package (10 oz.) frozen strawberries in light syrup, thawed
- 2 tablespoons raspberry-flavored liqueur

Chocolate mousse
- 9 ounces semisweet chocolate squares, coarsely chopped
- ⅓ cup lukewarm water
- 3 cups heavy cream
- 1 tablespoon vanilla

Marbleized Strawberries (recipe follows)

1. *Chocolate bowls:* Line two cookie sheets with waxed paper; secure with tape. Inflate eight 5-inch round talc-free balloons to measure 3¾ inches in diameter; twist and knot. Wipe balloons with damp paper towels and let dry.
2. *To temper:* Coarsely chop 16 ounces chocolate; transfer to a small microwave-proof bowl. Microwave chocolate on Medium, 2 minutes. Stir and microwave 1 minute, stirring every 10 seconds, until two thirds of chocolate is melted. Stir until smooth and chocolate registers less than 90°F. on an instant-read thermometer. If chocolate registers 90°F. or more, chop remaining chocolate into large chunks. *(continued)*



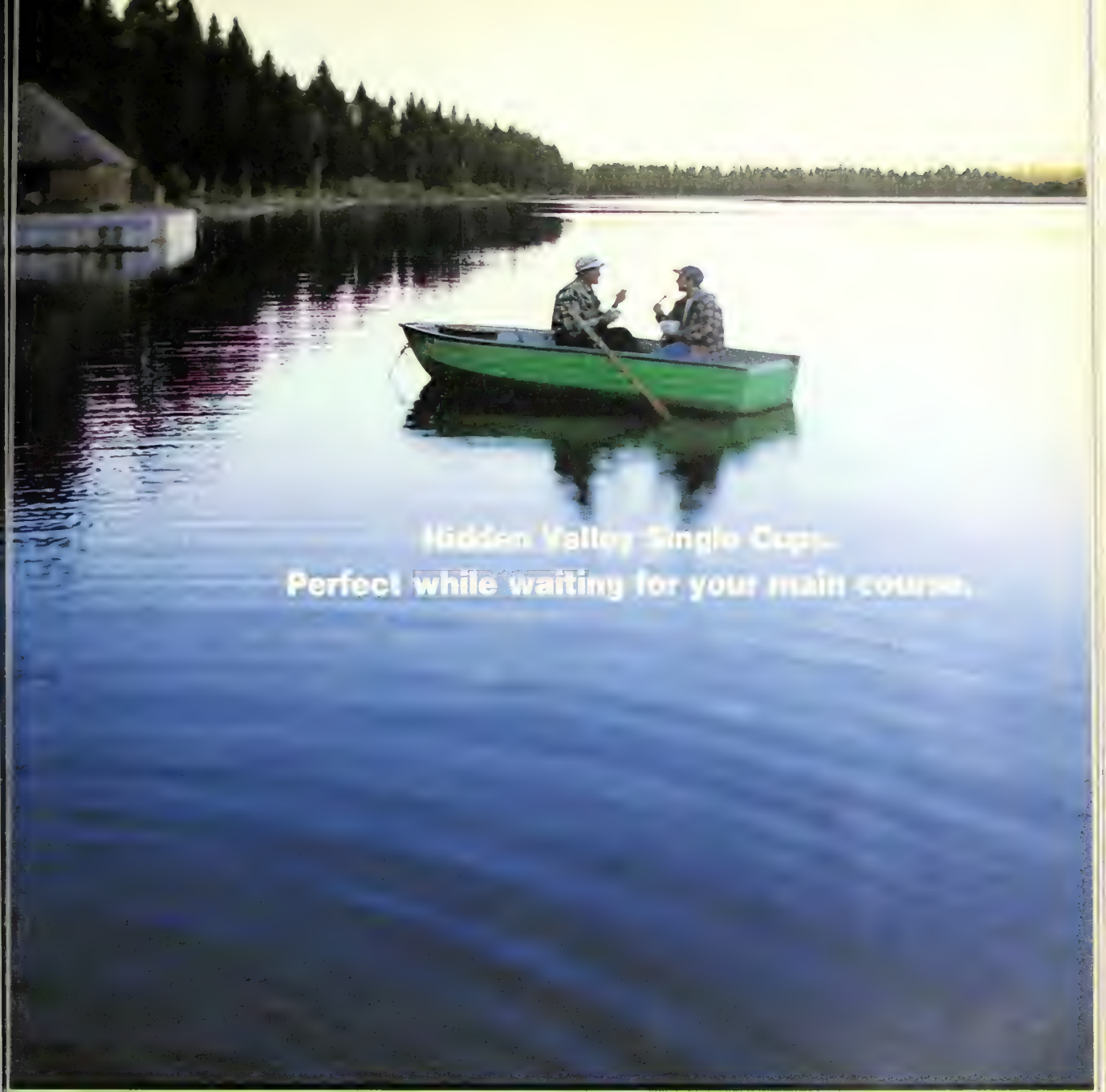

A


B


C


D

A. Temper chocolate, stirring until mixture is not more than 90°F. on an instant-read thermometer. B. Plunge balloon, rounded side down, into tempered chocolate; jiggle balloon so excess chocolate drizzles off. C. Using pattern on page 174, pipe chocolate scrolls onto a sheet of waxed paper. D. Holding strawberry stem end, dip into dark and white chocolate to marbleize.



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GUEST CHEF

Continued

Stir into the melted chocolate until the proper temperature is reached. Remove and reserve any extra chunks (photo A).

3. Gently plunge each balloon 1½ inches into tempered chocolate. Jiggle over bowl to drain any excess chocolate (photo B). Arrange dipped side down on cookie sheet. Repeat, arranging balloons 2 inches apart. Chill until chocolate is firm. Reserve remaining tempered chocolate.

4. *Filigree scrolls:* Copy scroll pattern (below). Line one large cookie sheet with waxed paper.

5. Microwave reserved tempered chocolate on Medium, 30 seconds. (If temperature registers 90°F. or more, stir in reserved chocolate chunks until proper temperature is reached.) Spoon into pastry bag fitted with a 1/16-inch (#1) round tip. Place scroll pattern under sheet of waxed paper. Pipe eight scrolls (photo C). Chill until firm. Slide thin metal spatula under scrolls to loosen. Turn scrolls over; pipe chocolate along the back. Chill until firm.

6. Pop each balloon; gently pull popped balloons from chocolate cups. Chill until firm. *(Can be made ahead. Loosely cover chocolate cups and scrolls and refrigerate overnight.)*

7. *Make strawberry sauce:* Puree strawberries and liqueur in food processor or blender. Strain through a sieve into a bowl.

8. *Chocolate mousse:* Microwave chocolate in bowl on Medium 3 minutes; stir until smooth. Add water all at once, whisking until smooth. Cool 10 minutes, whisking occasionally.

9. Beat cream and vanilla at low speed, until cream starts to thicken. At medium-high speed, beat 30 seconds, until mixture is the consistency of thick cake batter. Add chocolate all at once. Beat until mousse is thick enough to hold its shape; spoon into a large pastry bag fitted with a ¾-inch star tip. Decoratively pipe mousse into chocolate cups. Add chocolate filigrees. *(Can be made ahead. Chill up to 3 hours.)* Serve with strawberry sauce and Marbleized Strawberries. Makes 8 servings.

Per serving: 850 calories, 64 g total fat, 39 g satur fat, 122 mg cholesterol, 46 mg sodium, 78 g carbo drates, 6 g protein, 95 mg calcium, 6 g fiber

MARBLEIZED STRAWBERRIES

Total prep time: 30 minutes plus chillir
MODERATE

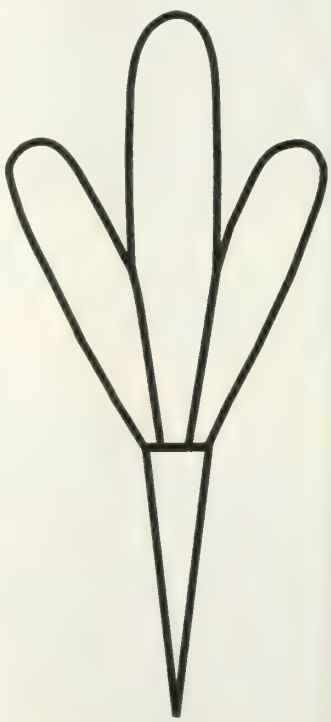
11 ounces white chocolate squares, mel
5 ounces semisweet chocolate squares, melted
1 quart large fresh strawberries, wiped

1. Line a cookie sheet with waxed per. Pour white chocolate int 9-inch glass pie plate. Pour semisw chocolate into a bowl.

2. Drizzle parallel lines of semisw chocolate about ¾ inch apart o white chocolate. Set aside remain semisweet chocolate.

3. Dip a strawberry into both cho lates, pressing opposite sides of b across dark and white lines (photo Jiggle strawberry to drain off ex chocolate; arrange on sheet. Rep periodically drizzling more line semisweet chocolate across wh chocolate. (If white chocolate start harden, microwave on Medium 30 seconds.) Chill until chocolat firm. Makes 28 strawberries.

Per strawberry: 90 calories, 5 g total fat, 3 g sat fat, 0 mg cholesterol, 11 mg sodium, 12 g carbohyd 1 g protein, 28 mg calcium, 1 g fiber ■



Give him even more chocolate than he gave you.



Prep: 15 minutes

Baker's® One Bowl Death By Chocolate Cookie

Bake: 12 minutes

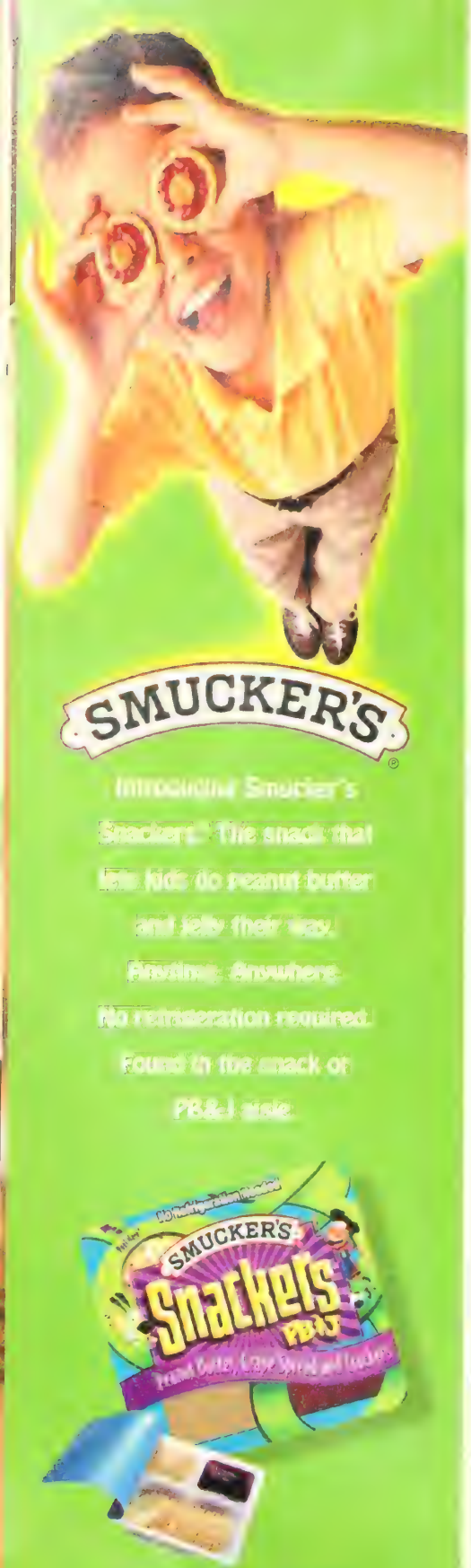
2 pkg. (16 squares) BAKER'S Semi-Sweet Baking Chocolate, divided
¾ cup firmly packed brown sugar
¼ cup butter or margarine
2 eggs
1 tsp. vanilla
½ cup flour
¼ tsp. CALUMET® Baking Powder
2 cups chopped nuts (optional)

·**HEAT** oven to 350° F. Coarsely chop 8 squares (1 pkg.) of the chocolate; set aside ·**MICROWAVE** remaining 8 squares chocolate in large microwavable bowl on HIGH 1–2 minutes. Stir until chocolate is melted and smooth. Stir in sugar, butter, eggs and vanilla. Stir in flour and baking powder. Stir in reserved chopped chocolate and nuts. Drop by ¼ cupfuls onto ungreased cookie sheet. ·**BAKE** 12 to 13 minutes or until cookies are puffed and feel set to the touch. Cool on cookie sheet 1 minute. Transfer to wire rack to cool completely. Makes about 1½ dozen cookies.





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Hail, CAESAR

The king of all salads has lost most of its fat, but none of its classic zesty taste

Our lightened-up version of this classic romaine salad lets you enjoy a favorite without sacrificing flavor or your waistline. Traditionally, the luscious texture and taste of the dressing come from lightly cooked eggs—definitely a no-no in the calorie and safety department. But our blend of light mayonnaise, chicken broth, Dijon mustard and anchovies tastes every bit as delicious as the original.

CAESAR SALAD

Fastest Recipe of the Month

Prep time: 20 minutes
Baking time: 5 to 8 minutes
EASY

- 4 ounces French bread, cubed
- 1 medium garlic clove, chopped
- 2 anchovy fillets
- 1 tablespoon light mayonnaise
- 1 tablespoon extra-virgin olive oil
- 2 tablespoons fresh lemon juice
- 1 tablespoon chicken broth
- ½ teaspoon Dijon mustard
- ¼ teaspoon salt
- ⅛ teaspoon pepper
- 1 head (1¼ lbs.) romaine lettuce, leaves torn
- 2 tablespoons shredded Parmesan cheese

1. Heat oven to 400°F. Spread bread cubes on cookie sheet. Bake 5 to 8 minutes, until toasted. Cool.
2. Mash garlic with a fork against the side of a large wooden bowl. Add anchovy and mash until a paste forms. Add mayonnaise, mashing into paste, then oil. Whisk in juice, broth, mustard, salt and pepper. (Dressing will be thin.)
3. Add romaine and croutons to bowl; toss with dressing. Sprinkle with Parmesan and toss again. Makes 4 servings. ■

Recipe by Cynthia DePersio



CUTTING THE FAT

OLD		NEW
385	calories	155
32.5 g	total fat	7 g
6.5 g	saturated fat	1.5 g
174 mg	cholesterol	5 mg
706 mg	sodium	513 mg
11 g	carbohydrates	18 g
13 g	protein	6 g
250 mg	calcium	101 mg
3 g	fiber	2 g

)ff the Shelf

is hearty dish mimics the traditional lian risotto, but we substitute orzo sta for short grain rice. Like the ssic, it will be delectably creamy, d the Italian herb–seasoned chicken oth is a terrific flavor-booster.

RZO AND MUSHROOM RISOTTO

ıdget Recipe of the Month

p time: 20 minutes
oking time: About 20 minutes
SY

4 cups Swanson Seasoned Chicken Broth with Italian Herbs
4 cups water
pound boneless, skinless chicken thighs, cut into 1/2-inch dice
teaspoon salt
teaspoon freshly ground pepper
ablespoons olive oil, divided
pound sliced shiitake mushrooms
pound sliced white mushrooms
1/2 pound orzo pasta
1/4 cup freshly grated Parmesan cheese



1. Bring broth and water to a simmer in saucepan.
2. Sprinkle chicken with salt and pepper. Heat 1 tablespoon oil in 12-inch nonstick skillet over high heat. Add chicken and cook 1½ minutes per side, until browned. Transfer with slotted spoon to bowl.
3. Add remaining 1 tablespoon oil to skillet. Add mushrooms; cover and cook 2 minutes, until softened. Add orzo and cook 1 minute, until lightly toasted. Set 1 cup hot broth aside in glass measure. Gradually add remaining broth to pasta, 1 cup at a time, every 2 to 3 minutes, stirring occasionally. (Mixture will be soupy, but that's okay.) Add chicken and reserved 1 cup broth and cook 2 to 4 minutes more, until thickened. Stir in Parmesan. Makes 4 servings.

Per serving: 410 calories, 12.5 g total fat, 3 g saturated fat, 54 mg cholesterol, 965 mg sodium, 50 g carbohydrates, 24 g protein, 117 mg calcium, 3 g fiber ■

Recipe by Cynthia DePersio



(continued from page 151)

because we blew it," admits Jeri, a twenty-seven-year-old customer-service assistant who conceived two years ago while she was finishing her college education. "We were on vacation, we had some wine, and we didn't take precautions."

In fact, the security of marriage can make such recklessness even more likely. "I'd gone off the Pill because it made me feel sick, and we were using condoms," says Karin, the fashion stylist. "But sometimes we put them on when we were halfway through, and sometimes we didn't use them at all. When I was single, I never took a chance like that."

> "When I told my husband I was pregnant, he flipped out," says Nicki. "He said, 'You're going to take care of it, right?'"

Such risk-taking can be deliberate, says Florence Kaslow, Ph.D., a clinical psychologist and director of the Florida Couples and Family Institute, in West Palm Beach. "I've worked with couples where one partner told me privately, 'I knew this was the only way I'd have another child.'"

More often, however, "forgetting" birth control is a way to handle ambivalence about parenthood. "It may be that one or both partners aren't certain whether they want to have children," says Diane G. Sanford, Ph.D., a St. Louis clinical psychologist who specializes in pregnancy and birth issues. "They're worried about how it will change their lives, their marriage. So rather than address their fears, they just let things happen."

Sixty-three percent of married women with unplanned pregnancies chose to continue them, according to the Alan Guttmacher Institute. Those with unexpected first pregnancies, especially women who want to have children eventually, seem particularly likely to take this option.

Holly, now thirty-seven and the mother of two, acknowledges that getting pregnant at thirty, two years before she had planned, "threw me. I'd just started my teaching career. And I was really scared. I figured I'd be much more confident as a mother when I was older."

Still, she says, there was no question about what to do. "It was close enough to when we'd planned," she says. "And we didn't want to take a gamble, wait, then discover we had fertility problems."

For couples who already have children, the decision is much more difficult. "Thinking about ending a pregnancy is much harder after you have kids," says Elizabeth, the graduate student. "My children are beautiful, so bright and funny, and I adore them. I couldn't help but imagine how awesome a third would be. But I could tell that my husband wasn't happy. We're both from big families, and he told me that it was obvious growing up that his youngest brother had been unplanned and unwanted. He said, 'I can't promise you that I'll love this child like I love the other two.' We talked about it a lot. Ultimately, I came to believe that God would understand that I felt it was my responsibility to help my family have a better life than we could with three children. I terminated the pregnancy at eleven weeks."

Angela, the executive recruiter who had "never, ever planned on having another child, especially after age forty," went the other way. At first, she says, "I was learning toward termination. I was at the peak of my career, and knew I would have to cut way back on work, if not give it up entirely. My husband is an extremely busy doctor, so I also knew the majority of child-rearing would fall to me. But he was absolutely thrilled by my pregnancy. He said, 'There's so much love in our family; we have enough for another.' My husband convinced me."

COUPLES IN CRISIS

When partners don't agree on what to do, their relationship can become rocky. "When I told my husband I thought I was pregnant, he flipped out," says Nicki, thirty-seven, an office manager, who conceived by accident when her kids were four and two and a half. "He said, 'You're going to take care of it, right?' I was so shocked, I didn't say anything. But I knew that I was going to have this child. We saw a therapist, who happened to have three kids himself, and he talked a lot about how much he enjoyed them. I'm not sure what did it, but within an hour of walking out of the office, my husband had changed his mind."

"I got pregnant two years ago because I forgot to take the Pill a few days in a row," says Adrian, twenty-eight, a store manager. "We were living in a small apartment, my husband was in graduate school; it was an impossible situation. At first, all he wanted to do was get angry and blame me. But once I admitted that, yes, I was probably responsible, he calmed down. Then we started to talk about how we felt about having children. I'm not sure we'd ever thought about the issue as concretely as we needed to. Eventually we decided to end the pregnancy. Now we talk a lot about when we do want to have kids. In the long run, I think it brought us closer."

If a couple can't agree on how to proceed, the disagreement can tear their marriage apart. "A spouse who is persuaded to say yes to a surprise pregnancy can feel very trapped," says Florence Kaslow. "And being pressured to have an abortion creates tremendous resentment. The wife might think, You made me do this. You (continued

TELL US WHAT YOU THINK

Do you agree with the decisions the women in this story made? What would you do if you found yourself facing an unplanned pregnancy? Have you ever been in such a situation? We want to hear from you. Visit LHJ's Web site at www.lhj.com/solutions to join our online discussion group on unplanned pregnancy.

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don't love me enough. How could you ask me to kill our baby?"

This is something that Deanna, thirty-one, an assistant at a women's health-care clinic, knows only too well. When she became pregnant after switching to a different type of birth control pill, her husband was infuriated. "It wasn't the best time for a baby—my husband had just started a new job—but to me there was no question that we would have this child," she says. "My husband kept screaming that I was selfish, that I was doing a horrible thing to him. I had to remind him constantly that whether it was an accident or not, he was fifty percent responsible for the creation of this baby. Then his position was, 'Okay, if you'll have an abortion now, I promise we'll have a child in six months, when I'm more settled.' As if a baby is just a matter of convenience!

"I've always seen him as a good man. This has come so out of left field. Now I don't know who I married. Maybe he isn't the person I thought he was. I'm eight weeks along now, and he doesn't even ask me how I'm feeling. I'm so angry I can't talk to him. I don't know if we'll stay together. But I have no regrets about my decision. I'm thrilled at the prospect of being a mother. If my husband can't live up to his responsibilities, then that's his failing. Maybe this happened for a reason."

LIVING WITH THE DECISION

Just as Deanna is sure she made the right choice by keeping her baby, Jane, forty-one, a broadcast journalist and mother of one who conceived five years ago, says she has never second-guessed her decision to terminate the pregnancy. "At the time, I was overwhelmed by the demands of having a thirteen-month-old and working a high-pressure job," she says. "Besides, I'd always wanted only one chi There was no agony involved in ma ing the decision, and I've never ha single regret."

Others, however, report more a bivalent feelings. Even after nearly t decades, Lorraine, forty-three, an torney and a mother of two, still fe anguish over decision to en pregnancy t occurred wh she was about start law sch and had eighteen-mon old. "When finally *was* re to have a sec child, I could and it to five years bef I conceiv again," she s "And even a my second c was born, would look b and think, H could I h done that? course I co have had t baby! I co have found way to w things out! I forgiven my now, but it haunts me. have two g kids, but I w had one mor

For Elizab the graduate dent, the ex ence has b bittersweet. felt terrible after the abortion, and sometimes I think about it when I see a family three children," she says. "But I think about what a relief it is n have a baby right now. It was the decision for us."

Women who have opted to tinue an unplanned pregnancy s



t always been easy. For some, decision had serious consequences. "We'd always planned to a child once I had a good job or id enough money so I could be -at-home mom," says Jeri, the mer-service assistant. "Instead, working full-time at a job I hate. my son's birth has had major fial repercussions. I had no paid rnity leave. We have to pay a . We didn't live extravagantly e, but now we can't catch up. In we're trying very hard not to re bankruptcy."

t unexpected children also bring pected blessings. Karin, who when she got her pregnancy esults, says that her now-two-old son, Jordan, was "a mistake has turned out to be the best that ever happened to us. Be-my husband and I were endless-ncerned with work, shopping eating out. We were selfish. ng Jordan taught us what's really rtant in life."

's amazing for me to think back to my husband's initial reluctance to have our third," agrees Nicki, the office manager. "Sam has brought us so much. My husband is so in love with him. He even told me a few weeks ago, 'I can't believe I ever said we shouldn't do this.'"

Still, "an unplanned pregnancy is never the ideal situation," says Diane Sanford, and even the most thrilled new parents agree. In fact, virtually all the women we spoke to for this article say the experience made them determined not to let it happen again. After Adrian terminated her pregnancy, she says her husband "started paying a lot more attention to my cycle." Elizabeth's husband had a vasectomy. And after her son was born, Karin immediately went on the Pill.

"I'm careful now," adds Jeri. "My husband and I were stupid in thinking that a pregnancy couldn't possibly happen until we were ready for it. We won't make that mistake again." ■

Carol Lynn Mithers is a contributing editor to Ladies' Home Journal.

KUDROW

ued from page 142

ats' reaction? "Overjoyed," she "They've always wanted to see ghten up a little."

drow immediately signed up for g classes. Watching her fellow ac-lo their exercises almost made her "Everyone looked ludicrous ex-this one guy," she explains. "He otally committed, but he didn't fake. So I became friends with guy, and it was Conan O'Brien. ved me in a way." O'Brien was s impressed with Kudrow. "She ed this biology teacher character would make long speeches that jammed with all this amazing in-ation from her premed classes," mbers the late-night talk-show "She has the best timing of any dic actor I know. It's the way she nings."

drow relied on O'Brien's friend-hrough the ups and downs of her dling career. "Knowing that he ght I was funny always made me better," says Kudrow, who also dated O'Brien for a short time. Kudrow was always there to pump O'Brien's ego in return. "I didn't want to replace David Letterman; I was really scared," he says. "Lisa was the one who forced me to go audition. She said, 'You *have* to do this.'"

Eventually the actress got her first breaks: a role in the play *The Ladies' Room* (which later became the movie *Romy and Michele's High School Reunion*), a guest spot on *Cheers*, the role of Roz on the pilot for *Frasier*. "I thought, I'm never going to have to worry again! This show will be on for at least five years," says Kudrow.

Unfortunately, she didn't click with her character during rehearsals, and Kudrow was canned. "I had to work really hard at combating those feelings of, Wow, I'm not meant to be successful," she remembers. Her money was running out when her agent called with a walk-on part on *Mad About You*. "He said, 'Maybe you shouldn't do it, it's just two lines, and they need you there in forty minutes,'" remembers Kudrow, who raced *(continued)*

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LISA KUDROW

Continued

to the set and managed to twist those two lines into one big laugh. Consequently, she was offered a six-episode role as the wacko waitress, Ursula. "I started crying because I didn't have to look for a day job anymore," she says.

That led to more TV pilots, including *Friends* in 1994. How long will the number-one sitcom go on? "If we were all happy doing it and the writing was really good forever [we'd continue]. But that's not realistic," she says. "We don't want it to be bad and then get frustrated. We'll have to wait and see."

By then the actress will likely have her pick of roles for the big screen. *Hanging Up*, Kudrow's biggest break yet, gave her the chance to work with two of her idols. "I was laughing all day, every day," says Kudrow of the shoot. During their downtime on the set, Kudrow and Ryan, who shared a trailer, passed the time contacting the spirit world on a Ouija board and talking about their kids. "I know why everybody loves Meg Ryan," says Kudrow. "There is light coming out of her. You feel good when you are around her. The first thing out of her mouth is, 'Tell me a story about you,' always." The admiration was mutual. "It was a blessing that we got to play sisters," says Ryan. "Lisa feels she's on such a big adventure and she's actively grateful about her opportunities and for her son and her husband. It's really nice to be around her."

Kudrow's gratitude about her husband might stem from the fact that she almost didn't get the guy. She first met Stern twelve years ago when he picked up her roommate for a blind date. "He was so gorgeous, sexy, sophisticated; everything checked off on that ridiculous résumé list in my head. So I thought, Great, *he's* perfect and now *they* are going out," she recalls. Six years later, Kudrow saw him again at a picnic. "I was like, 'We should play [tennis] some time. I'll give you my number,'" she says. "He didn't call for a week."

Once he did, they started spen all of their time together, altho Kudrow kept an independent atti "I didn't need him, and thank because that's why our relatio blossomed," she explains. She kep cool even when they got into fight and Stern told her he want end it. "I said, 'If that's how you f can't change your mind. But I'm sure why we shouldn't be toge anymore.' I was just honest. I d play any games," she explains. was afraid of commitment, and at moment he decided to change. It monumental." Two years later, were married outdoors in Malibu.

Starting a family, however, ha complications. Kudrow was relu for the writers to script a pregnant acter. "God forbid anything goes w with me, I would have to still play out," she explains. So the prod waited until Kudrow was five m along and transformed Phoebe i surrogate mother to triplets—a that garnered Kudrow the Emmy.

Luckily, Kudrow's own pregn was uneventful. But being the parent on the set does make he separate from the other cast men "Part of your brain is somewher all the time," she says.

When Kudrow is not worr about her son's needs, she's fe guilty about dealing with her "Whether mothers work or st home, they don't want to ackn edge the part of themselves that time alone. It feels like you are ting your child out and being mother," she explains. "Good m are the ones who have let go of Despite its conflicts, those clos Kudrow say motherhood has imp her. "Now that she has a child, s little bit lighter," says *Friends* c Courteney Cox Arquette. doesn't sweat the small stuff as m

And when she does, it's *Frie* the rescue. "The guys [David Sch mer, Matthew Perry and LeBlanc] know how to get her b she's extremely ticklish," says Co quette. "All three guys tickle he tears stream down her face. She like a child; it's really adorable."

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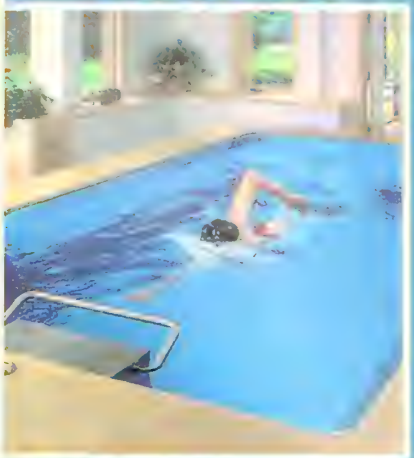
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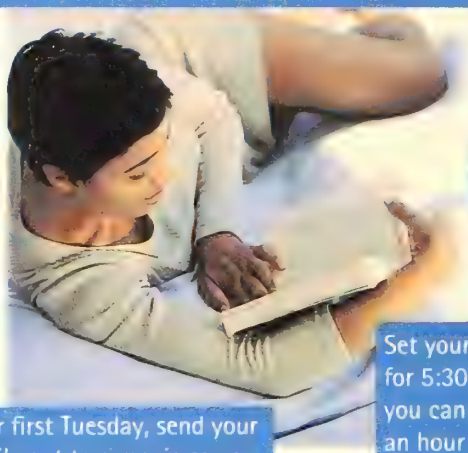
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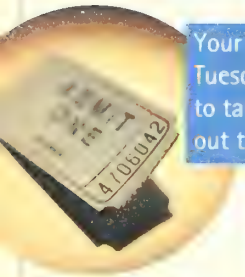
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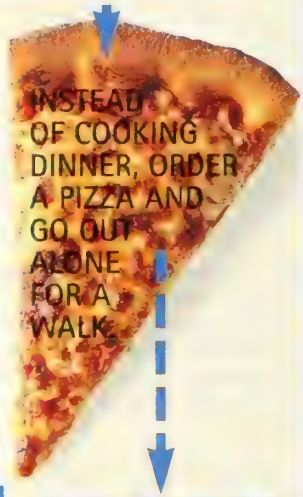
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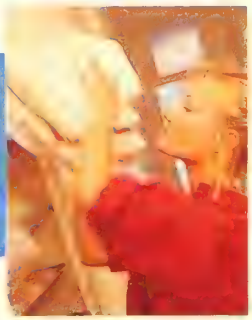
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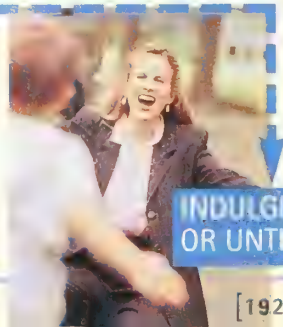


Make tea. Accidentally drop the teapot, which makes a clatter, which wakes the baby, whose cries wake everyone else.

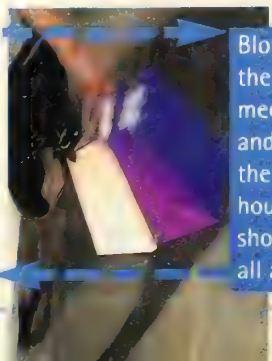
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LADIES' HOME
JOURNAL
March 2000

The Smart Issue

159 From insights to Web sites, one hundred ways to make your life easier, happier and healthier—and do practically anything better. Plus, you'll find many other smart tips and ideas throughout the following pages.









On the Cover

22 CAN THIS MARRIAGE BE SAVED? "He's Ashamed of Me" By Margery D. Rosen

44 FIRST PERSON "My Night at the Oscars" Circling amid all the glitz and glamour sure looks like fun on TV: Academy Award winner Keiko Ibi shares her behind-the-scenes account of Hollywood's hottest event.

76 REAL SOLUTIONS "Couple-Tested Turn-Ons" The experts suggest a lot of strategies for spicing up your sex life, but do they really work? Five husband-and-wife teams try them and tell all. By Tamara Eberlein

100 WHEN DOCTORS MAKE MISTAKES Every year, thousands of patients in the U.S. die as a result of medical errors. Learn how to protect yourself and your family. By Peter Korn

116 THE DANGER WITHIN It's the leading cause of female infertility. As many as five million U.S. women have it. Could you be at risk? By Kathleen McAuliffe

122 WHY AM I ALWAYS HUNGRY? If you find yourself constantly thinking about food, check out these appetite tamers to satisfy both body and soul.

166 STARTING OVER Four years after the death of her husband, Candice Bergen talks about jumping back into TV, bonding with her daughter, and the new man in her life. By Judith Newman

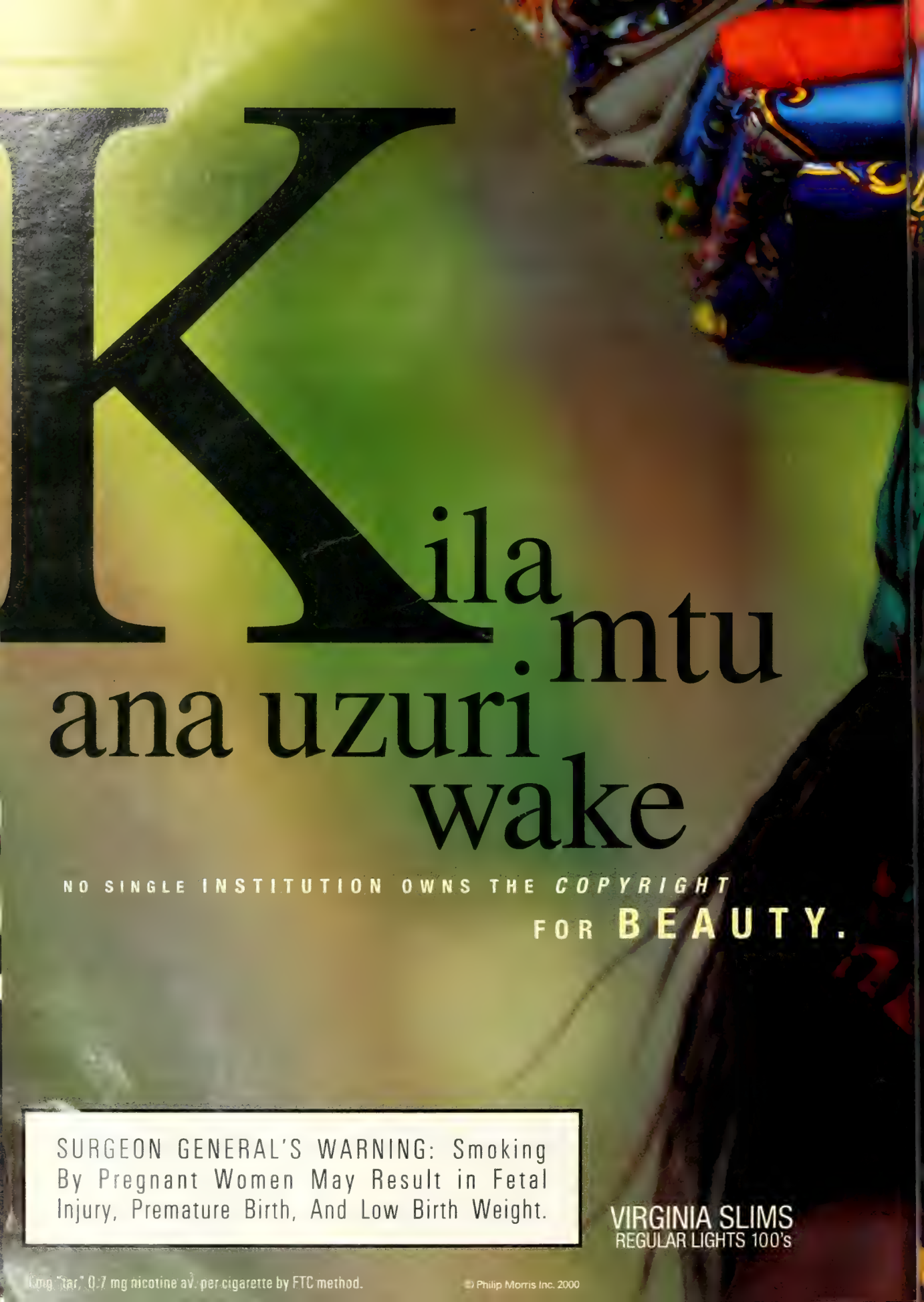
190 FOOD EDITORS' FAST FAVORITES Just like you, we want dinner on the table without fuss. See what's cooking up quick in the kitchens of LHJ's food pros.

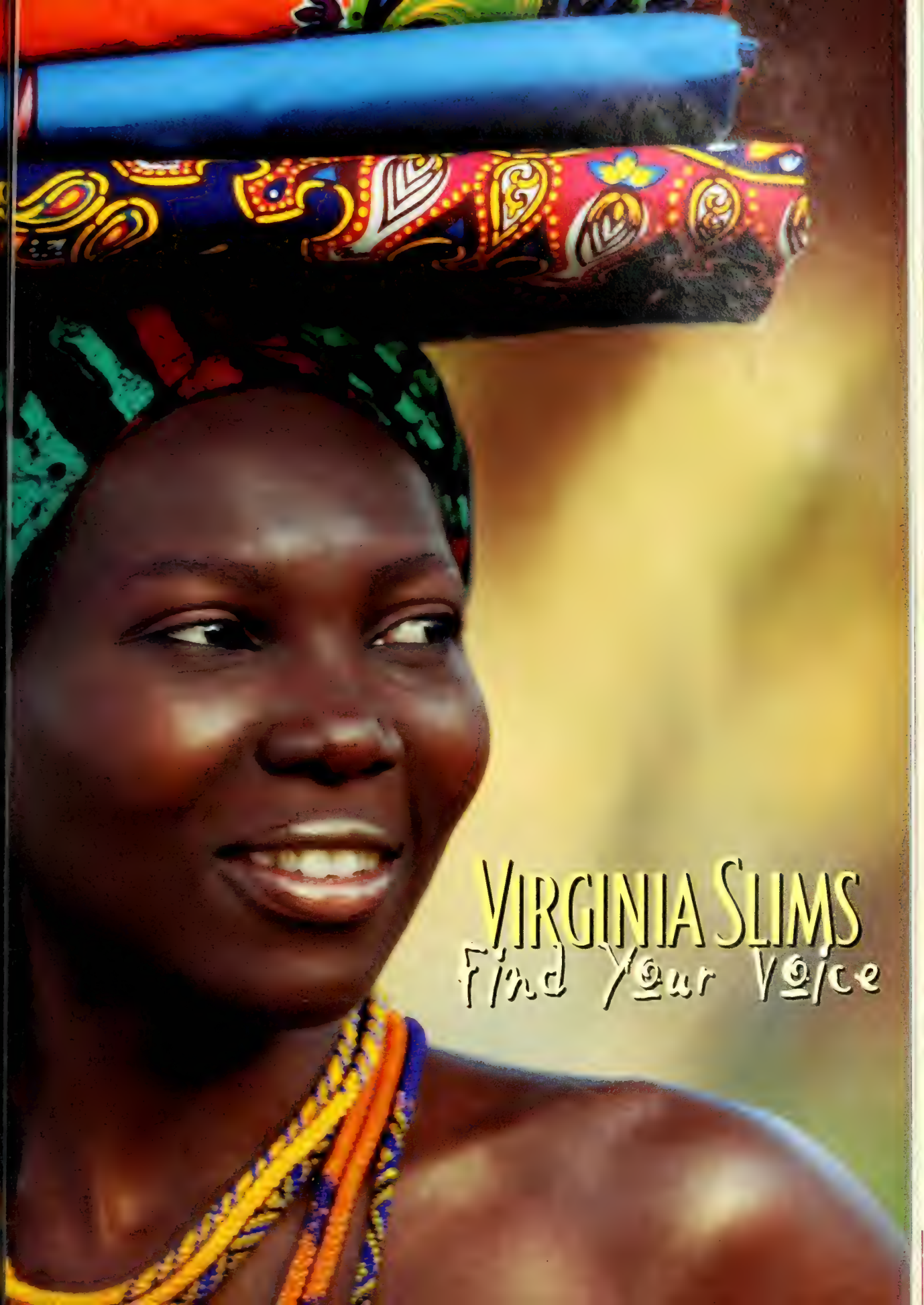
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85 PATIENT POWER This special section tells you what you need to know to be a smarter, healthier patient.

86 THE TOUGHEST CHOICES When doctors, families and patients disagree about medical treatment, these three women step in to help make life-and-death decisions.


Estée Lauder
pleasures


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VIRGINIA SLIMS
Find Your Voice

106 KNOW YOUR MEDICAL RIGHTS Don't wait until you become ill to find out crucial information about your own health. By Sharlene K. Johnson

152 WHO HAS THE MOST STRESS? Five women—from a trauma nurse to a stay-at-home mom—wore a heart monitor to track their stress levels throughout one day. Compare your stress response to their results.

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60 STALKERS ONLINE Predators are using the Internet to threaten women all across the country. But you can avoid becoming a victim—and help fight back. By Andrea Rock

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82 Q&A: WHOOPI'S WORLD Whoopi Goldberg reveals her surprising fear and the secret to her upbeat outlook. By Margie Friedman

134 AN INDEPENDENT WOMAN When her husband decided to run for president, Cindy McCain knew she would have to talk about a painful incident from her past. By Kathryn Casey

140 LOVE MEDICINE Theirs is a romance that has survived severe disability and a brush with death, but these newlyweds are determined to live out their dreams for the future. By Jennifer Kornreich

Beauty & Fashion

56 A CHANGE OF HUE LHJ and Maybelline put out the call for readers ready for a new do, and these women couldn't wait to put their heads in the hands of our cut-and-color pros.

170 WHAT'S YOUR BEAUTY I.Q.? Take our style quiz to find out what works best for you. By Lois Joy Johnson

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176 THE NEW AMERICAN HOME This year's showplace has all the smartest twenty-first-century design ideas under one roof. Produced by Kimberlie A. Waugh

Food

187 FOOD JOURNAL Start to finish, you can make these from-scratch cookies in just twenty minutes.

216 TASTE TREND: RED-HOT CHILES There's a heat wave heading for your kitchen: all kinds of chile peppers!

224 GUEST CHEF: BOUILLABAISSE New Orleans chef Susan Spicer shares her recipe for this classic fish stew, with an extra tasty twist.

228 IN SEASON: ARTICHOKES Spring is the best time to get acquainted with artichokes' charms.

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66 GOOD TIMES Spring into action with these fun seasonal activities.

68 HEALTH NEWS Can a night-light cause cancer?; beating a cold with food; and more.

156 HOME NEWS The lighter side of lampshades.

238 END GAME: HOW TO GET HIM TO LISTEN Transmitting a message to the male ear that is actually heard. By Pamela Redmond Satran

220 THE SMART SHOPPER

LADIES' HOME JOURNAL online

Be sure to visit LHJ Online at www.lhj.com. You'll find expanded coverage of many of the features in this issue. Log on to www.lhj.com/beauty for interactive beauty and fashion features that let you try out the latest styles and makeup mentioned in our story on page 170. See you online!

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LADIES' HOME
JOURNAL

DATE: 3/00
FROM: Myrna Blyth
RE: One Smart Issue

Check out the brightest ideas, the best solutions, the savviest ways to do whatever you want



Nowadays everybody seems to be working harder. But those who get the most from all that effort are the ones who have figured out how to work smarter as well. That's why there is so much in this issue about being just plain smart. Our lead feature, "The Smart List" (page 159) is, we think, both witty and wise. Our cover personality, profiled on page 166, is the shrewd and elegant Candice Bergen. There's also a multi-part health section (page 85) that we hope will give you the information you need to become a well-informed, in-control patient.

Add to all that, LHJ's exclusive special feature "The New American Home 2000" (page 176). For the past nine years, LHJ has decorated the home built each year as the show house for the National Association of Home Builders Show. The house always spotlights the best and newest in decorating and design. Decorating Editor Kimberlie Waugh tells me this year's house is her all-time favorite.

Speaking of favorites, we asked our food department to share their own recipes for special family meals. And, trust me, there is no one smarter than the group in the LHJ kitchen when it comes to creating dishes that are both quick to prepare and still delicious.

Finally, take a look at our special report "Stalking Online" (page 60), written by National Magazine Award winner Andrea Rock. Articles Editor Pam Guthrie O'Brien oversaw this newsbreaking feature on cyberstalking, which can be a terrifying threat to any woman—even if she never goes online. Read this and use your smarts by writing or E-mailing your senator to make cyberstalking a federal offense.







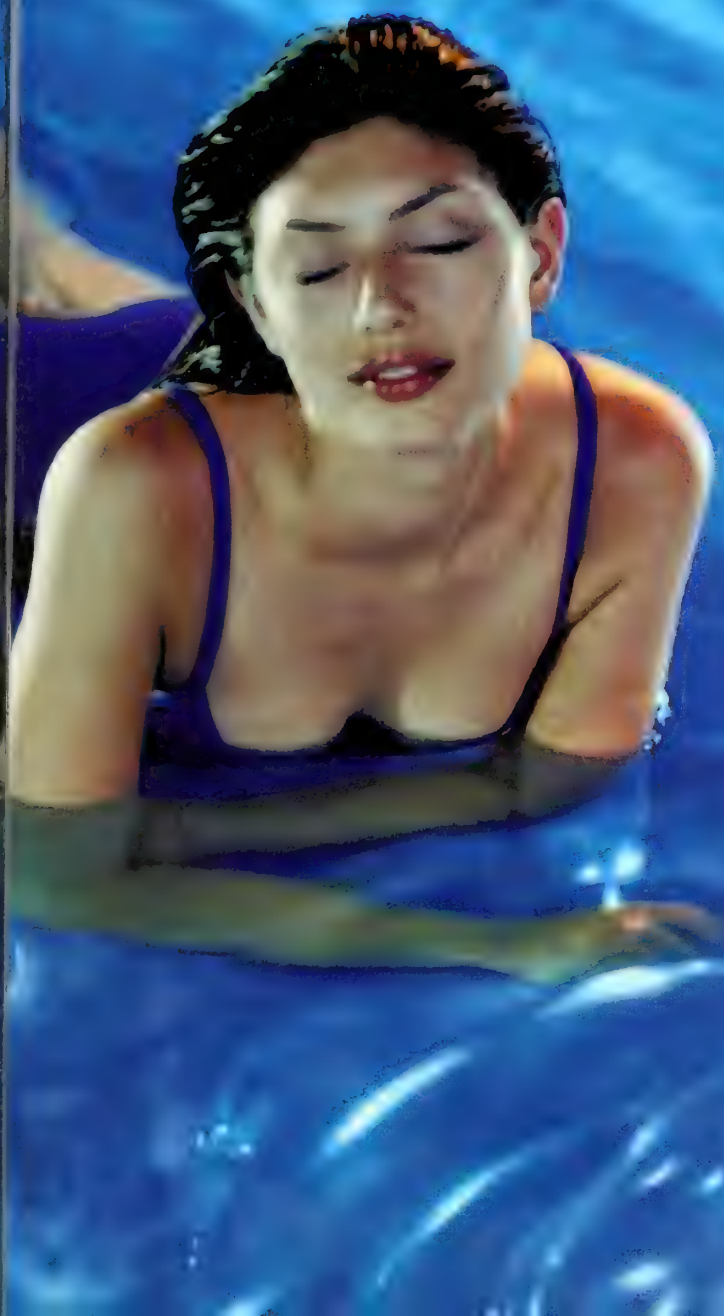
SOUND BITES

"The rapid development of technology and growing popularity of the Internet give stalkers new opportunities to terrorize victims."
—"Stalkers Online," page 60

"I'm easy because I *want* to laugh. I want lightness in the world. I want it to be more fun."
—Whoopi Goldberg, "Whoopi's World," page 82

"I remember being in tears at the hospital, after my daughter Chloe was born, at the thought that someday she would have to leave home."
—Candice Bergen, "Starting Over," page 166

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This enchanting "Light of Peace" illuminated sculpture — meticulously painted by hand — is created from the masterful work of Thomas Kinkade. You will be astonished with the remarkable detail of each individual flower and each separate stone, and the realistic translucence of waves splashing on the lighthouse. This is truly an heirloom-quality collectible.



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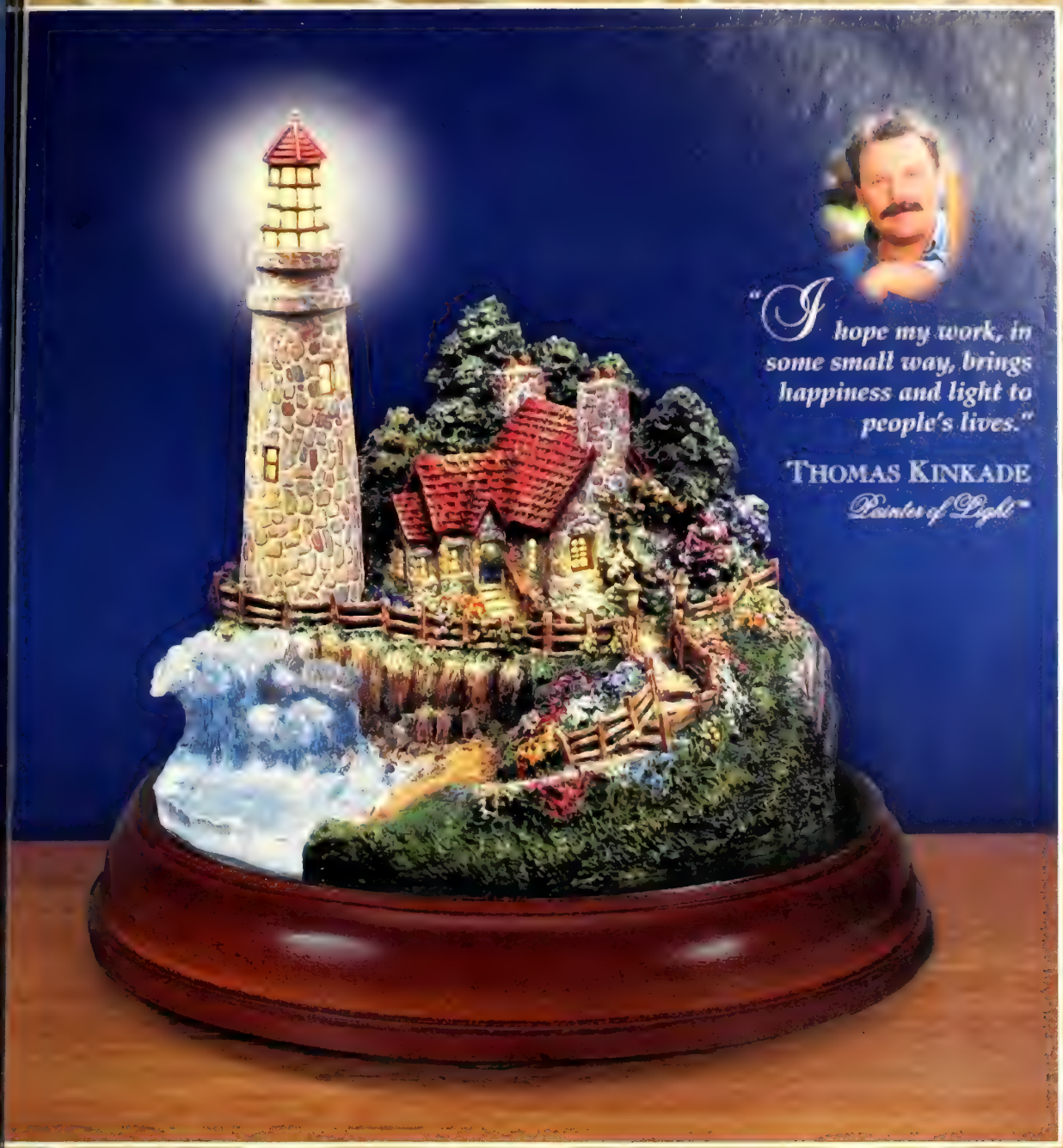
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JUDITH NEWMAN

ASSIGNMENT: To interview Candice Bergen for "Starting Over" (page 166).

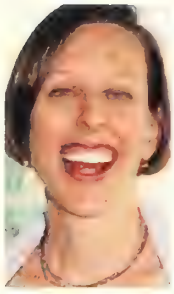
FIRST IMPRESSION: "She doesn't try to be shocking or attention-getting. She's entirely herself."

FINAL ASSESSMENT: "Loved her, loved her dogs."

"Medical ethics fascinate me. It's philosophy put to work"

— Peter Korn, author of "The Toughest Choices" (page 86) and "When Doctors Make Mistakes" (page 100)





MARGARET RIEGEL

"My illustrations are often whimsical," says the New York–based artist who created the photo collage that illustrates "The Toughest Choices," on page 86. "In this case, though, I had to find another approach in order to convey the seriousness of the topic."

PAUL GERO

ASSIGNMENT: To photograph Cindy McCain, wife of presidential hopeful John McCain, for "An Independent Woman" (page 134).

AFTERTHOUGHT: "I got to see Cindy as the candidate's wife on the campaign trail and as the casual mom at home. Both roles suit her."





"Our laws have not caught up with technology. The Internet is a useful tool, but it has risks"

—Andrea Rock, author of "Stalkers Online" (page 60)

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"He's ASHAMED Of Me"

THIS MONTH'S CASE:

BOB wished **ADRIENNE** were as thin and stylish as the women in his office. She wished he would stop telling her what to do. This couple had to change their expectations of each other **By Margery D. Rosen**

ADRIENNE'S TURN

"Bob is embarrassed to be seen with me," said Adrienne, thirty-seven. "A few weeks ago, we were getting ready to run errands. I was wearing an old blue jogging suit, and when Bob saw me, he snapped, 'You look like somebody's fat grandmother. Don't you have anything nicer?' I didn't have the energy to argue, so I changed into a sweater and jeans.

"In the two years since Bob became the head of his department at the advertising agency he works for, the gulf between us has widened. I know he thinks I'm not as pretty as the pencil-thin women in his office. Well, I gained twenty pounds with each of our two sons, and no amount of dieting will make it go away. Bob can't deal with it. When we have dinner with friends, he always makes a nasty remark about what I order. He'll even grab a cookie or doughnut out of my hand.

"I feel as if I'm in constant competition with Bob's female colleagues. They're cool, while I'm the dumpy suburban mom juggling orthodontist appointments and soccer matches. It's not that I want to be like them; I just don't understand why Bob thinks such superficial things are so important. He used to love me for me. Now he expects me to change into somebody else.

"Everyone in his office is quite close—too close, if you ask me. They're always hugging and air-kissing. The company encourages it by hosting picnics and parties, with no spouses invited. I don't think it's smart for Bob to be so chummy with his associates.

"I'm dying to know more about Bob's business, but he hardly ever tells me about it. One night, he was complaining about staffers making too many personal calls. When I tried to explain how we handled the issue at the office where I used to work, he just gave me a cold stare and walked away. I felt so alone—but that's nothing new for me.

"I grew up in a suburb of Cincinnati with my three younger brothers. To the outside world, we were the perfect family; in reality we were miserable. My parents fought constantly, and I became the pawn in their battles. Mother would do nothing for hours, then fly into a rage. She used to hit me—with anything she could grab—and tell me I was stupid, fat or totally incompetent.

"I met Bob during my sophomore year in high school. He was my first and only boyfriend, and the one person who really listened to me. We were the couple everyone knew would live happily ever after.

"Thanks to Bob, we carefully *(continued)*

The MOST POPULAR, MOST ENDURING women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Carol J. Dunham, M.A., L.S.W., a relationship and communications specialist with the Mars & Venus Counseling Center in Fort Mitchell, Kentucky. The story told here is true, although names and other identifying details have been changed to conceal identities.


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(continued) planned our lives. He's much more organized than I am, and I love the way he always knows what he wants and goes after it. I'm much more laid-back about things, whether it's the housework or choosing living-room furniture.

"I quit my copywriting job after Matt was born ten years ago, and Tommy followed two years later. I adored them, but being a full-time mother wasn't as wonderful as I thought it would be. Those early years were exhausting, and I missed the energy of the office.

"The other thing I missed was the equality in our marriage. The minute I stopped working, Bob expected me to handle all the chores and child care. Now, if I dare ask him to pick up a quart of milk on the way home, he'll bellow, 'Why can't you remember to do that?' If I'm sick and can't make a school meeting, Bob won't take my place. His career comes first.

"Sometimes I feel like I'm drowning in housework, and unless I do everything precisely the way Bob wants it done, I'm a failure. He'll complain about the toys in the living room or that the countertops don't sparkle. He even expects me to drive downtown to pick up his paycheck and deposit it in the bank—even though there's a branch about six blocks from his office. He says that's part of 'my job.'

"I can't remember the last time we made love, and the closeness we used to have is gone. That was glaringly obvious last New Year's Eve. We always invite our extended family over, but this time, Bob insisted on including the people from his office. He spent the whole night with his co-workers and barely acknowledged the rest of us.

"After midnight, I was in the kitchen making coffee when I overheard voices in the next room—Bob was with Claudia, a married co-worker. He was saying, 'It feels so good to share my feelings with someone.' That was it. I confronted him right after the party. Bob swears he's not involved with Claudia, and I believe him, but it's still devastating to realize that my husband would rather confide in her than me.

"Bob insists that these are all my problems and my issues. Maybe they are. Or maybe we've both changed so much that there's no hope for us."



"Yes, I care what Adrienne looks like," said Bob. "I'd like my wife to be a little more hip"

BOB'S TURN

"I don't know what's gone so wrong with Adrienne and me," said Bob, thirty-nine, a tall, thin man. "She makes me sound like the most horrible, abusive husband. Well, I'm hurt and angry, too. We used to be so close, and we hardly ever fought. I thought everything was perfect.

"I don't think I've changed. I think *she* has. Adrienne has gained a lot of weight, and yes, I care about what she looks like. Call me superficial, but I'd be lying if I didn't admit it. Maybe it's because of my job. There's an edge to the way the women at work dress, and I guess I'd like my wife to be a little more hip.

"But Adrienne's attitude bothers me more than her appearance. I don't talk to her about work because she dissects everything I say or do. Maybe I just want to have someone listen to me ramble, instead of telling me how much I screwed up and what I need to fix.

"I guess we had different ideas about how our life would work out. When Adrienne said she wanted to be with the kids, I assumed that meant she'd also handle things at home. As the sole breadwinner, I have to pour all my energies into my job. I work in a highly competitive field—I'm talking sixty- or seventy-hour weeks—and it's frustrating to get home late to a messy house, dinner that's half-cooked and a pouty wife.

"Don't misunderstand; I'm not a male chauvinist. I don't expect Adrienne to drop everything and get my slippers and pipe. But I do feel that if I'm busting my butt all day, she should be taking care of the details around the house. I want to be able to relax and enjoy her company when I'm home.

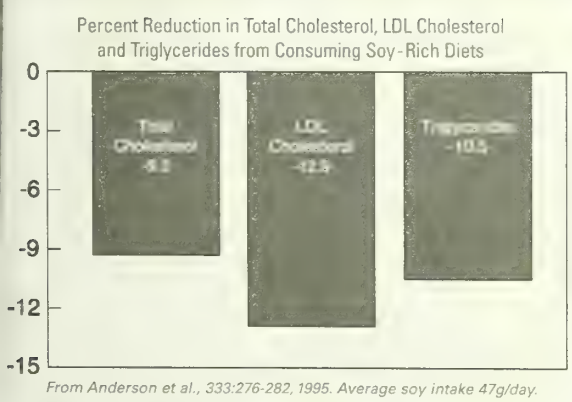
"I know I'm a perfectionist. I suppose that can be hard to live with, though it's a quality that serves me well at work: I push myself and everyone else to be their best. I get it from my mother, a housewife who would have put June Cleaver to shame. Our house was always *(continued)*



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From Anderson et al., 333:276-282, 1995. Average soy intake 47g/day.



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(continued) immaculate—underwear ironed and folded, toys neatly stacked in color-coordinated bins in my bedroom.

"Actually, my childhood was the opposite of Adrienne's. My father, a lawyer, did have a drinking problem, but he wasn't abusive, and we were all very close, loving and supportive. I always loved art, and my parents and teachers nurtured my talent.

"I was smitten with Adrienne the moment I saw her. She was so cheerful, so kind, such a good listener. When I learned how awful her mother was, I wanted to swoop in and take her away. I knew that if we stuck together, we were unbeatable.

"Now I find out that Adrienne has been unhappy for a long time. I don't get it. I thought this was the life she wanted. She always said she planned to quit work when she had kids and be the kind of mother she never had herself. Of course, I wanted that, too, even though it meant putting the financial burden on me.

"Instead of appreciating the work I do, Adrienne is negative about me and our life together. It scares me to see my wife turn into a shrew, like her mother. I think Adrienne looks for things to be upset about; sometimes she'll yell at me about an incident that I barely remember.

"I'm so confused. We had a life plan, and somewhere along the way we got lost."

"Once Adrienne felt loved again, her self-esteem rose. 'I'm eating right, and I'm losing weight,' she said"

THE COUNSELOR'S TURN

"Bob and Adrienne's problems developed slowly," said the counselor. "Qualities and traits they once loved and admired in each other transformed over time into triggers for rage.



"Adrienne was hurt and brittle, convinced that Bob was ashamed of her. She wasn't especially happy with herself, either. Shy and tentative, she was afraid of making mistakes and acutely sensitive to criticism—not surprising, considering her painful childhood.

"Missing the stimulation of a workplace, she was desperate to connect with Bob the minute he got home—only to be crushed by his cold reaction. Naturally, she was hurt, but she tended to stifle her resentment and then burst out in a tantrum later.

"But Bob felt equally justified in his anger. They had established a 'life plan' early on, and Bob thought everything would be fine so long as they stuck to it. He didn't realize how hard it was for Adrienne to keep the house immaculate, stay in shape and care for two children. Because life in an alcoholic household can be unpredictable, Bob craved order and structure, which included having a spotless house.

"Adrienne was used to being a problem-solver, so she flooded her husband with suggestions and opinions when he brought up issues at work. Now, Adrienne listens for the emotion behind Bob's words and then asks appropriate questions.

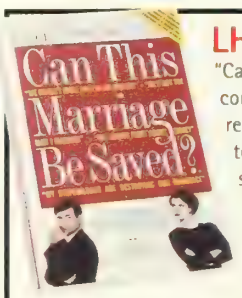
"As the tension between them began to lift, the couple stopped criticizing each other. At one point, Bob said, 'Would I like it if Adrienne lost a few pounds? Sure. Does it matter? Not anymore.'

"We talked, too, about the balance of power in their relationship. Many of Bob's demands—such as making her cash his paycheck—went beyond what he could reasonably ask of her.

"For her part, Adrienne had to learn to say no nicely instead of bending to meet everyone's expectations and then resenting it. She now tells Bob what's bothering her, so they can come up with solutions together.

"They had an opportunity to test out their compromising skills recently. Adrienne enrolled in a Wednesday-night art class. When Bob's boss dumped a last-minute project on his desk late one Wednesday afternoon, he assured Adrienne that he would find a baby-sitter. 'In the past, he would have told me: "This is your problem; you deal with it,"' she said. 'In fact, Bob now pitches in a lot more with everything.'

"Once Adrienne felt loved and appreciated again, her self-esteem rose. 'I'm eating right, and I've started losing weight,' she reported happily. 'Maybe I'll even throw out that old sweat suit—it *is* getting pretty ratty.'" ■



LHJ BOOK BAG

"Can This Marriage Be Saved?" has been compiled in a book containing stories of real-life couples in distress and their efforts to overcome their problems. The 352-page softcover book is offered by a special arrangement with Workman Publishing. To order, send a check or money order for $15.95 per book to *Ladies' Home Journal*® Resources, Dept. L0300, P.O. Box 9381, Des Moines, IA 50306-9381. To use your Visa, MasterCard or Discover Card, call 800-763-6393. (Price includes shipping, handling and applicable sales tax.) Specify book title.

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women.

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if these walls could talk 2

sunday, march 5, 9pm/8c

HBO

IT'S NOT TV. IT'S H

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CALENDAR

MONTH OF MARCH

Which First Lady wrote a daily newspaper column? What famous mother led young people on a 125-mile march to protest child labor?* During **Women's History Month**, you can put your knowledge of women's history to the test at *www.nwhp.org*, the site of the National Women's History Project. You'll also find ideas on how to celebrate women's history.

MARCH 16

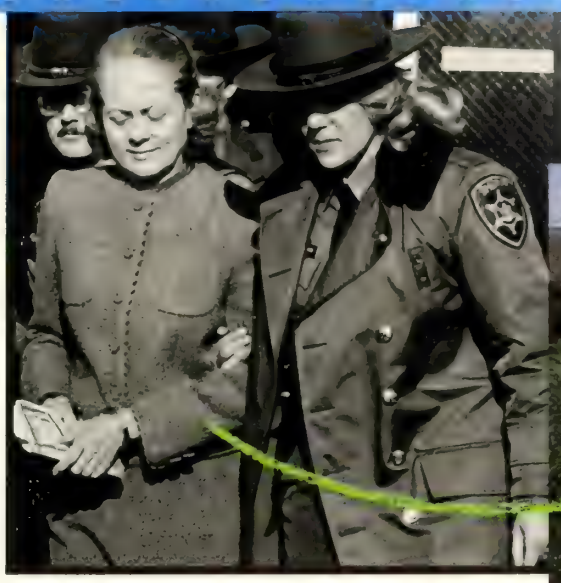
Pen and paper, E-mail, even sidewalk chalk—on **Absolutely Incredible Kid Day**, the Camp Fire Boys and Girls are urging parents to use whatever's at hand to write a letter to their child about why he or she is so special. While your child's delight will be its own reward, you can also enter your letter in a contest (E-mail it to *kidday@yahoo.com* by March 27) for a chance to win four round-trip tickets on Southwest Airlines.

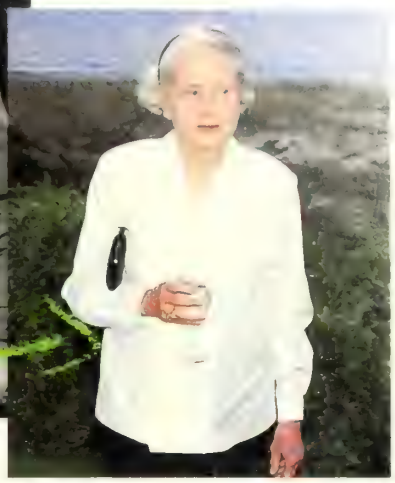
MARCH 18–25

Wanted: Serious suits, cleaned, pressed and interview-ready. Casual clothes need not apply. During **Clean Your Closet Week**, the organization Dress for Success is seeking contributions to give to low-income women interviewing for jobs. Go to *www.dressforsuccess.org* for drop-off information.

—Alison Calabia

* Eleanor Roosevelt and Mother Jones





Twelve years behind bars "gave me great insight," says Harris, who was granted clemency in 1992 for her second-degree murder conviction.

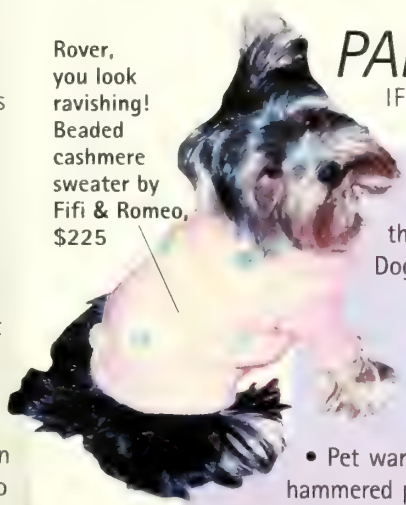
FOLLOW-UP: A SECOND CHANCE

Twenty years ago, Jean Harris, the headmistress of a girls' school, shot and killed her unfaithful lover, Scarsdale Diet doctor Herman Tarnower. She was sentenced to fifteen years to life in prison.

At the Bedford Hills Correctional Facility, in Bedford, New York, Harris tutored fellow inmates and their children. "These kids need more help than most, but get the least," says Harris, who later started the Children of Bedford Fund. "They deserve a chance, and that comes with a decent education."

Harris, seventy-six, was granted clemency eight years ago. She now lives in Hamden, Connecticut, near her two sons, David and Jim. "My life is very full," she says. "I go to the theater and play bridge." She also continues to help the children of inmates, by raising money and giving speeches about their plight. "I've made the public aware these kids exist," she says. "It's the most important thing I can do."

—Christine Many



Rover, you look ravishing! Beaded cashmere sweater by Fifi & Romeo, $225

PAMPERED POOCHES

IF YOU EVER DOUBTED THE DEGREE TO WHICH PET OWNERS DOTE ON THEIR FURRY FRIENDS, READ THIS:

• Nearly a quarter of all U.S. pet owners bring their pets on the job. Last June, 200 companies sanctioned the practice by participating in the first-ever "Take Your Dog to Work Day."

• Places like the New York Dog Spa & Hotel or Los Angeles's Hollywood Hounds pamper pooches with shiatsu massage and hot-oil treatments. After their "peticures," pups can put on the dog at "muttrimonies" and "bark mitzvahs."

• Pet wares have gone posh, from bone-shaped picture frames in hammered pewter to carved four-poster dog beds in Javanese teak. You can even buy luxe leashes from Chanel, and Kate Spade doggie totes.

• Supermodels are sharing the spotlight as dogs dress up in designer duds and prance down catwalks at charity extravaganzas and other events. William Wegman's latest photos show Weimaraners looking oh-so-winsome in Jean Paul Gaultier and Dolce & Gabbana.

—Catherine Fredman

PULSE POLL

WOULD YOU RATHER WORK **SHORTER HOURS** FOR LESS PAY OR **LONGER HOURS** FOR A BIGGER PAYCHECK?



LESS PAY, SHORTER HOURS: 58%
MORE MONEY, LONGER HOURS: 42%

BASED ON RESPONSES TO A QUESTION POSTED ON LADIES' HOME JOURNAL'S WEB SITE, WWW.LHJ.COM



NEVER UNDERESTIMATE THE POWER OF A WOMAN®

"We want girls to be strong in every subject," says Kathleen Bennett, founder of a progressive new school in Silicon Valley

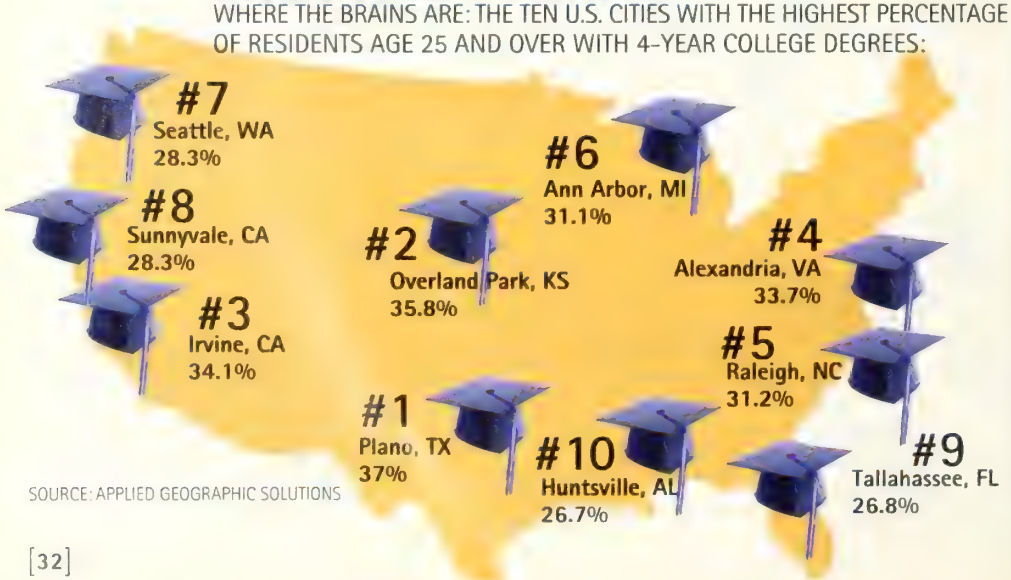
Kathleen Bennett knows a thing or two about smashing stereotypes. A former teacher who has two daughters, Bennett, fifty-four, had watched for years as bright, curious students hit what she calls "the wall of femininity" in middle school and start caring more about looks and less about learning. "I believed that the way to change [things] was to start a new school," she says. In 1998, she did just that, founding the Girls' Middle School (GMS), in Mountain View, California, the heart of Silicon Valley, where 40 percent of class time is devoted to science, technology and math. Students learn such lessons as how to build suspension bridges out of Popsicle sticks, and investment strategies for starting a business.

"Every wall at GMS is covered with posters of high-achieving women," says Bennett. "The message to girls is that they can be as smart as they want to be." —Dianne Hales

AMERICAN SNAPSHOT:

SMARTEST CITIES

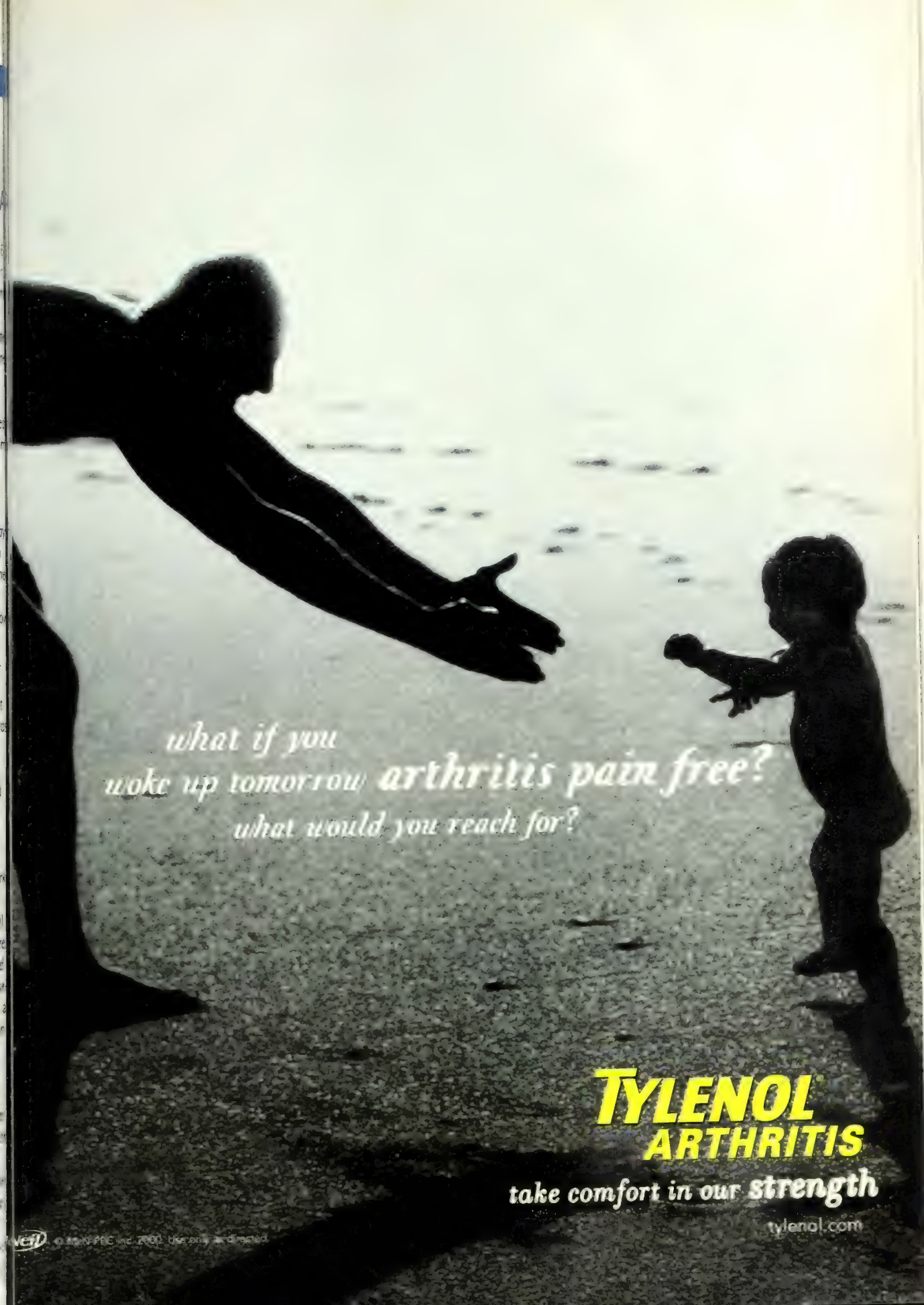
WHERE THE BRAINS ARE: THE TEN U.S. CITIES WITH THE HIGHEST PERCENTAGE OF RESIDENTS AGE 25 AND OVER WITH 4-YEAR COLLEGE DEGREES:



SOURCE: APPLIED GEOGRAPHIC SOLUTIONS

OSCAR ARCANA

Before the Academy Awards airs on March 26, we thought we'd answer a few Big Burning Questions. *Why do we call the Academy Award statuette the Oscar?* No one's sure, but according to one popular theory, an Academy librarian named it after an uncle to whom the statue bore an uncanny resemblance. *Why is the awards show now broadcast on Sunday nights?* It used to air on Mondays, but last year the change was made. More people can watch the show on Sundays, and indeed the TV ratings are higher. *Were the shows always sooooo long?* In the first ceremony in 1929, awards were handed out in five minutes. And in 1959, emcee Jerry Lewis found himself with twenty minutes of airtime remaining, and zero material left (the network eventually cut to a prerecorded sports show). *If there were such a prize, who would win the award for Biggest Oscar Surprise?* In 1956, *The Red Balloon*, a thirty-four-minute foreign film with no dialogue, won the award for Best Original Screenplay. *And for Oscar's Strangest Twist?* When Maggie Smith won a Best Supporting Actress award for her role in 1978's *California Suite*, in which she played an Oscar loser. —Liz Ozaist


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beauty&fashion news



ON TREND

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EXPERT BEAUTY

NO MAKEUP BAG SHOULD BE WITHOUT

When makeup pros are pressed for time, they rely on bronzing powder to make the biggest beauty difference. Star makeup artist Jim Crawford (who has worked magic on everyone from Cindy Crawford to Mary Tyler Moore) uses a giant powder brush to sweep on bronzing powder "with a bit of shimmer to reflect light and make skin look dewier and fresher." His top tip: Start from the center of the face and work out toward the hairline. Try Revlon New Complexion Bronzing Powder (above).

CELEB PICK

Even while playing an exhausted new mom of twins on *ER*, Julianna Margulies has a well-rested glow. Her secret? Yon-Ka Masque 105, a clarifying and toning skin brightener formulated for dry, sensitive skin. Get the best results with any skincare treatment by applying it at night.



JULIANNA MARGULIES

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BEAUTY BARGAIN

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Nail NEWS

FINGERTIPS LOOKING FOR A LITTLE T.L.C.? HERE, THE LATEST PRETTY—AND FUN—WAYS TO POLISH OFF YOUR PERSONAL STYLE

pro tips

Manicurist-to-the-stars and creator of her own polish collection, Deborah Lippmann knows how to keep nails in top form—after all, anyone who has seen her client Mariah Carey sing knows how prominent an accessory nails can be! Lippmann shares her tricks of the trade to use at home:

- Always apply a top and base coat.
- When applying a "chunky" glitter polish, prep nails with a ridge filler for even results.
- Seal in each layer of base coat, enamel and top coat with a light horizontal swipe at the tip of the nail.
- Maintain shine with a daily application of top coat.

ORANGE CRUSH

The most modern manicure is topped in a trendy shade of orange—from soft corals to shimmering sunset hues. Check out (from top): Oil of Olay Nail Lacquer in Orange Sorbet, $3.85; Lancôme Vernis Absolu in Orange, $12.50; Orly Salon Nails Nail Lacquer in Citrify, $3.95; Maybelline Express Finish Fast-Dry Nail Enamel in East Mystique, $3.75.



WHAT'S NEW

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Must-haves for the at-home manicurist to help nails stay strong, grow long—and give your polish staying power



Don't remove polish more than once a week to avoid drying out nails. Choose a remover, like Once Removed, that contains conditioners such as vitamin E.



For nails to grow healthy, cuticles have to be. Try daily botanical treatments such as Philosophy Save The Nails and Naturopathica Calendula Cuticle Oil.

Apply a strengthener consistently (2 to 3 times a week) to keep nails unbreakable. The newest, such as Sally Hansen's Teflon Tuff, contain serious ingredients.



A base and top coat in one works synergistically to fuse manicure layers into a single protective shield and create super shine. Try Clinique All-In-One Base & Top Coat.





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FAR AND AWAY

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MY NIGHT at the Oscars

As an Academy Award nominee, I rubbed shoulders with top stars at Hollywood's hottest event

By Keiko Ibi, as told to Cindy Schweich Handler

Like most movie buffs, I love watching the Academy Awards on TV and the suspense of not knowing whose name will complete the phrase, "And the Oscar goes to. . . ." A couple of years ago, at a party with fellow film students, I bet on the winners—and lost. That night, I never imagined where I'd be catching the following year's show: in the Dorothy Chandler Pavilion, wondering if my own name would be called.

I was there because my film, *The Personals: Improvisations on Romance in the Golden Years*, was nominated for Best Documentary Short Subject. And suddenly I was being honored alongside Steven Spielberg, Gwyneth Paltrow and Roberto Benigni.

I came to America from Japan in 1991 at the age of twenty-four to study film direction. I'm the only daughter of divorced parents, and it had taken a year to convince my skeptical mother to support my goal since I didn't know a soul in the U.S. and barely spoke English. But I've always been ambitious. (When I was nineteen, I even won Miss Japan Grand Prix, a Miss America–like competition.) After two years at Syracuse University, I transferred to New York University's (NYU) graduate program in film and television, in Manhattan.

I got the idea for *The Personals* at a 1996 party thrown by my NYU acting teacher. He had invited college students as well as senior citizens from a class he taught at a community center. I was charmed by the vivacious and funny elderly men and women who told me about scenes they improvised in acting class depicting their quests for dates. I decided to make a documentary comparing their lives onstage and off. We had a great rapport during six months of shooting.

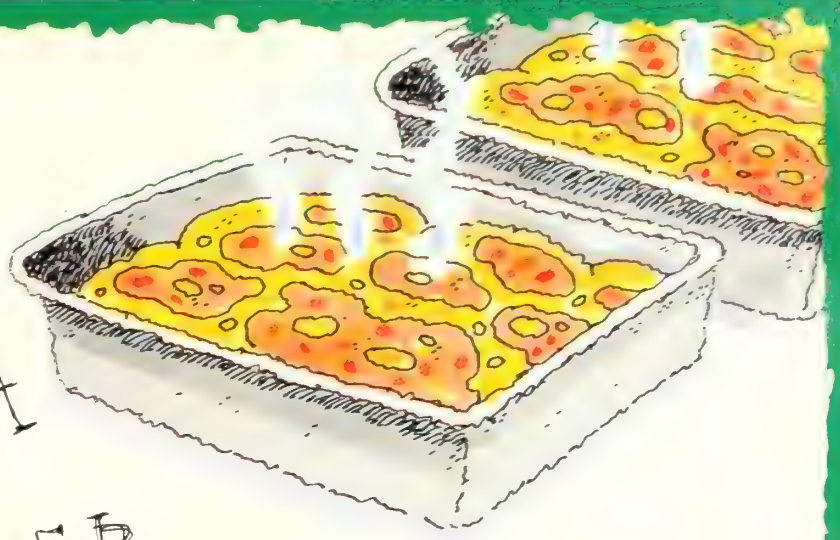
I pared seventy hours of footage down to seventy-nine minutes and submitted it as my thesis in fall 1997. The following winter, at the suggestion of friends, I sent my film to HBO to be considered for their original documentary series. When producers at HBO called to tell me that my film had been selected, I was thrilled. It was trimmed to thirty-seven minutes, and aired more than a dozen times. To my surprise, HBO encouraged me to submit it to the Academy of Motion Picture Arts and Sciences for Oscar consideration. To qualify, a film must be seen in theaters, so in October I arranged weeklong showings in New York and Los Angeles. A few weeks later, I sent in the entry forms.



Edward Norton, Drew Barrymore and Jenna Elfman all congratulated me

Though I was flattered by HBO's confidence in me, winning an Oscar seemed so unlikely that I honestly didn't give it much thought. Besides, I had other projects on my mind—my upcoming documentary on high school cheerleaders in Texas, plus my marriage that *(continued)*

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TALL KITCHEN BAGS



In my acceptance speech I said, "Who would have thought a girl from Japan can make a movie about Jewish senior citizens and actually receive this award?"

(continued) fall to fellow film student Greg Pak.

On February 9, 1999, Oscar nominations were announced. I was taking a shower in our Greenwich Village apartment around eight-thirty A.M. when Greg overheard someone from HBO leaving a congratulatory message on our answering machine. He pulled me out of the shower, dripping, to take the call. With my heart beating double-time, I listened to the astonishing news.

I couldn't shake the feeling that I was dreaming. When I called my mother in Japan, she seemed to be suffering from her own brand of disbelief. She couldn't connect what I was saying to the gala she'd seen on TV. Meanwhile, my friends all asked the same burning question: What are you going to wear? I had no idea, and I didn't want to obsess about it six weeks in advance. I poured my energy into my work, hoping I'd be too busy to get nervous.

But as March rolled around, I had to start planning for the big day. The Academy was hosting a nominees luncheon in Los Angeles two weeks before the show. While we were there, Greg and I hoped to nail down makeup, hair and dress details. Greg introduced me to two publicists he knew who organized print and broadcast interviews for me.

The elegant luncheon at The Beverly Hilton was pure fun, with its red-carpeted entrance, stream of celebrities and throng of photographers. I wore my favorite golden-beige pantsuit. I was there only to receive my certificate of nomination and nothing was expected of me. As we strolled into the ballroom, I recalled my publicists' advice to walk slowly so photographers could take my picture. And amazingly, some did. My place card put me next to the art director for the movie *Elizabeth*. Across the room, I watched Steven Spielberg and his wife, Kate Capshaw, snuggle at their table.

After lunch, we posed for a group picture and received our certificates, as well as goodie bags containing a book on the Academy Awards' history, an Oscar sweatshirt and a commemorative poster. The Academy Awards show producer, Gil Cates, implored us to keep acceptance speeches short.

Now on to the really important stuff: what to wear. My publicists hooked me up with David Tupaz, a Los Angeles–based dress designer. I'd seen a wedding dress in his shop that I liked, and he agreed to make the dress in purple, my favorite color, which signifies prestige in Japan. I would get to wear a once-in-a-lifetime dress (on loan for the evening), and the designer would get exposure.

A week before the Oscars we went back to Los Angeles. HBO picked up the tab for first-class airfare and our stay at the Century Plaza Hotel. My mother arrived from Japan around the same time. Although I had only two tickets for the show, for me and Greg, she wanted to be there to support me. She lent me her silver watch and diamond rings, and brought the lucky imitation-diamond earrings I had worn for Miss Japan Grand Prix. The night before the ceremony, as I'd been advised to do, I finally composed a brief thank-you speech in my head. I didn't want to put too much into it, afraid that I'd jinx my chances.

On the big day, March 21, I woke up after nine A.M., had breakfast and spent a leisurely morning poolside. I still didn't feel nervous, because I was sure that a documentary called *Sunrise Over Tiananmen Square* was going to win. By afternoon, I had to gear up. A stylist met us in our hotel room and spent a couple of hours applying makeup and sweeping my hair back into a crowning bun. Tupaz helped me get into my gown and loaned me a matching purse and wrap.

Everything went smoothly, and Greg and I were ready by four P.M.—perfect timing to make it to the Dorothy Chandler Pavilion before the show started at five-thirty. (My mother watched it on TV in her hotel room.) Once we arrived, we passed through a big security tent that led to the red carpet. We went past bleachers teeming with fans toward the entrance, which was clogged with celebrities and the media.

I thought of my publicists' command to stroll slowly for the photographers' sake. But it was such a mob scene that I was pretty much forced to rub shoulders with James Coburn, Liam Neeson, *The Truman Show* star Laura Linney and her director, Peter Weir. I had the unsettling feeling that I knew these people but they didn't know me, and I said "Hi!" whenever our gazes connected. After about twenty minutes of this, we went inside. (continued)

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Crispy cinnamon graham crackers you dip in sauce made from real apples. Makes you wanna be a kid, doesn't it?



You gotta hand it to 'em.™



Scanning my program, I found the Documentary Short Subject category scheduled for the middle of the show. Greg and I consulted our tickets and found our seats on the left aisle. Our location raised Greg's hopes: He'd heard that likely winners are seated on the aisle. At that point, my thought processes began to freeze. All I could hope was that I wouldn't trip and land on someone famous. To prevent the flowers on my dress from getting crushed, I sat motionless for the next hour and a half.

There was a break right before my category, and then the presenters, Ben Affleck and Matt Damon, took the stage. My mind went blank. I heard "And the Oscar goes to . . ." and Matt Damon may have mispronounced my name, but he definitely meant me! I was reeling with shock and happiness. I thought, Oh my God! That's me! I've got to get up there! I hugged Greg and headed for the stage.

As I mounted the steps, I remember thinking, Don't fall, don't get tangled in your dress, and thank God you wrote a little speech in your head. I can't remember who handed me the statuette. I recall thinking it was heavy, nodding and saying "Thank you." But when I opened my mouth to speak, my emotions overwhelmed me. Through tears of relief and joy, I said, "Who would have thought a girl from Japan can make a movie about Jewish senior citizens and actually receive this award?" I thanked my NYU teacher, the seniors, my executive producer, my editor, Greg and the Academy. Finally, I thanked my mother for making it possible for me to be there at all.

Then I was shepherded offstage for fifteen minutes of picture-taking and interviews. I called my mom on my cell phone. She was in almost as much shock as I was. Unable to understand English, she confessed that she didn't know why I'd been crying and feared that I'd embarrassed myself. But I could tell she was proud. Greg met me in the lobby, and we slipped back into the auditorium for the last five awards.

From that point on, I floated on a cloud of euphoria. Most of the ceremony attendees were invi the Governor's Ball held in a ter door. I saw Ian McKellan, Hunter and Harvey Weinstei now it was different. Many of celebrities also recognized me. Coburn looked at the Oscar clutching and said, "I see you hav of those, too!" I was on a natural but hungry enough to enjoy the ed white salmon, mashed potato stir-fried vegetables. I put my down next to my plate and dug i

After the Governor's Bal made the rounds of post-Oscar p given by *Vanity Fair*, Miramax and co-hosts *In Style* and Elton Fans swarmed outside, but a with an Oscar in hand could right in. I watched Monica Lew talk to Warren Beatty. I bumpe Mike Myers three times, prom us both to say "You again!" Jim rey shook my hand and said h happy for me. Drew Barrymor me she'd been touched b speech. Gossip columnist Liz S helped arrange a live interview few hours later, at four A.M., *Good Morning America*. Greg an nally made it back to the around five-thirty A.M., only woken up a couple of hours lat phone calls from friends.

Between interviews and scree for *The Personals*, it took two m before things got back to normal still working on my Texas cheerl documentary, as well as an ori script for a feature film. My Oscar rently sits on a shelf in the office i apartment. I haven't really foun right place for it yet. People are d to it, and they want their picture with it. It has the power to doors: I'm talking to talent age about representing me, and prod and executives at major produc companies will meet with me no want to pitch a project.

This year and in years to co expect to catch the show in the fort of my living room. Maybe day I'll win an Oscar betting though I'm not a very good jud wouldn't have bet on myself. ■



99 Kraft Foods, Inc.

BY BLOOMBERG L.P., A LEADING PROVIDER OF FINANCIAL INFORMATION, WHICH PUBLISHES *BLOOMBERG PERSONAL FINANCE* MAGAZINE AND BLOOMBERG PRESS BOOKS



ANSWERING KIDS' TOUCHY MONEY QUESTIONS

"How much do you make?" "What would happen if you lost your job?" How—or even whether—to answer such questions from your kids is an individual decision, but these tips from Jayne A. Pearl, author of *Kids and Money*, will help you shape your response.

$ Coordinate with your spouse about how to answer sensitive questions before they arise. Decide which financial details you want your children to know. For information you'd rather not divulge, plan an appropriate and unified response.

$ If you choose to share how much you earn, provide a context. For instance, compare your income to your household expenses.

$ Tell children to keep information on family finances within the family. Also tell them to respect that other families have different financial circumstances.

$ If kids are worried about money, explain how family savings, government benefits and sacrifices you might all make in a financial setback (like eating out less frequently or postponing a vacation) would provide a cushion.

HIS AND HER 401(k)S

If both you and your spouse can have 401(k) plans, how do you decide whether to contribute to one or both?

Contribute to both, but treat your two 401(k) plans as one portfolio. This way, you can achieve a broader mix of mutual funds to maximize your investment return. If you can't fully fund both 401(k)s, give first priority to the one with the bigger employer match. Even if the other plan's investments are better, a 50 percent match is an instant, risk-free 50 percent return on your money—handsome compensation for a mediocre investment lineup. But first check how long it takes to become vested in matching contributions. The law states you must be fully vested in seven years, but some plans make you vested immediately or after just a few years.

—*Smart Questions to Ask Your Financial Advisers,* by Lynn Brenner

Aid for Women Business Owners

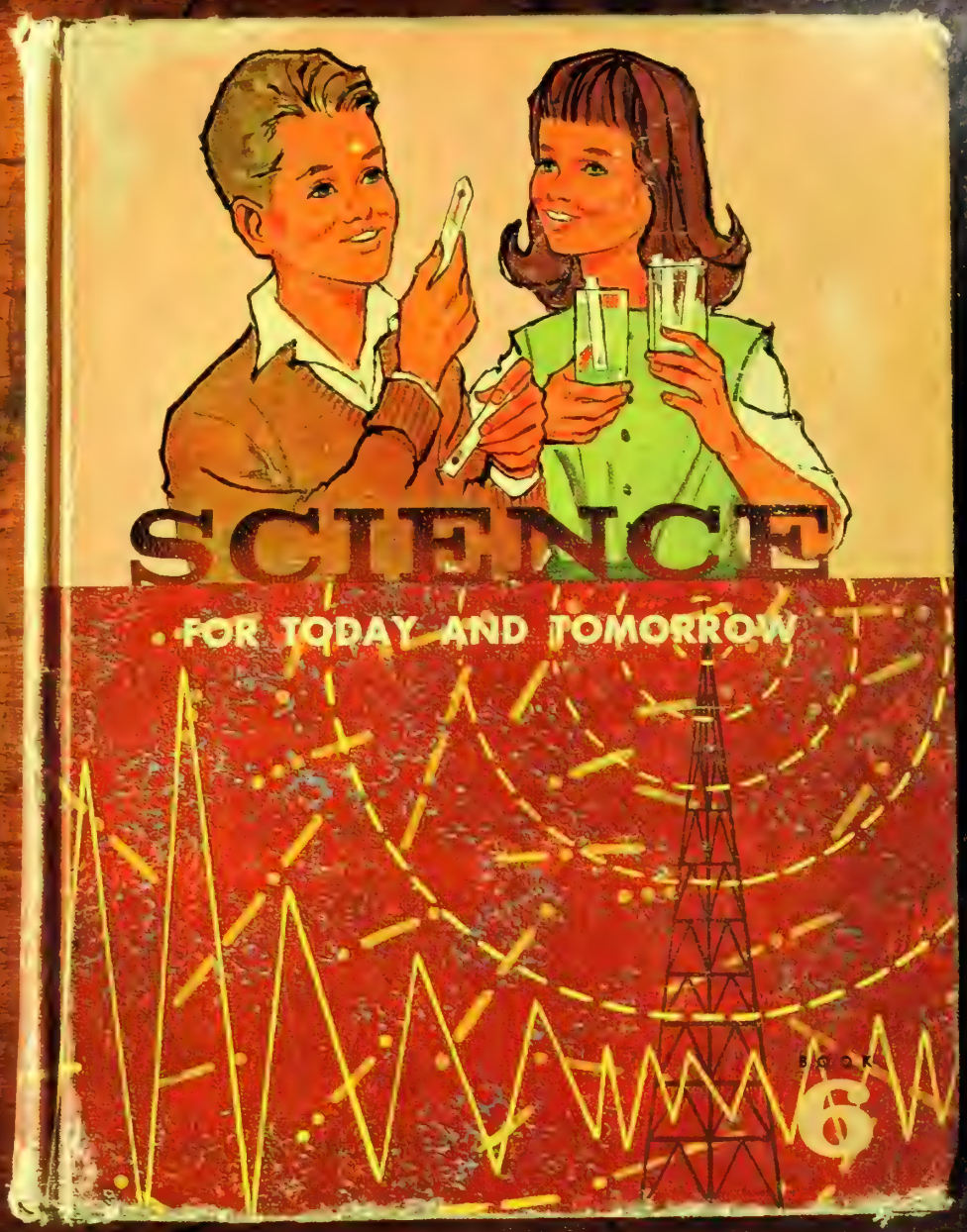
There are almost nine million women business owners in the United States, and they employ roughly 24 million people. Yet women are still faced with a difficult time at the bank when trying to get a business loan. In recognition of this, the **U.S. Small Business Administration** launched a women's prequalification program in 1994. In 1998, the program gave out 251 loans that totaled more than $21 million.

How the program works: The SBA directs women business owners to a nonprofit group that will help them write or polish up their business plan and fill out a loan application. The completed package is then presented to the SBA. If it looks good, the SBA issues an approval letter stating that the applicant has qualified for a government loan guaranty. Letter in hand, the business owner can then go to a commercial lender; the SBA's stamp of approval helps secure a business loan of up to $250,000.



—*201 Great Ideas for Your Small Business,* by Jane Applegate

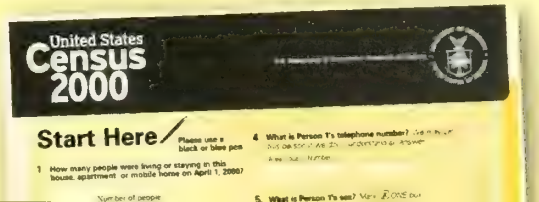
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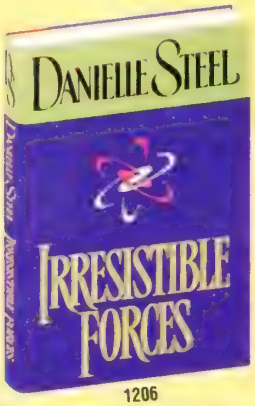
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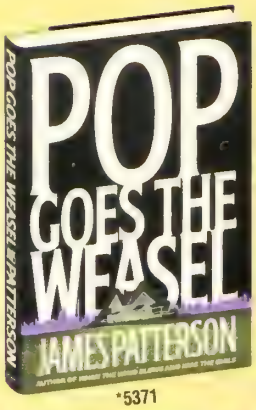
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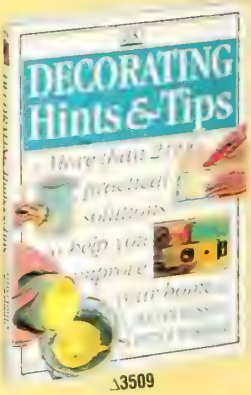
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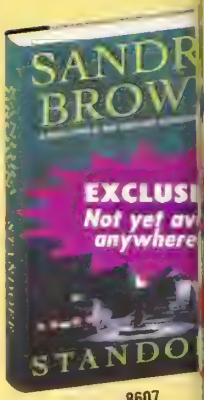
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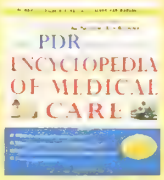

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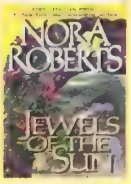


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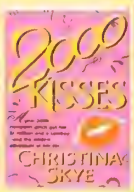
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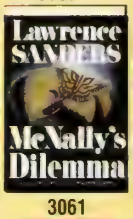
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A Change of HUE

When LHJ and Maybelline put out the call for readers ready for a new easy-to-maintain hair color, these three women couldn't wait to put their heads in the hands of our cut-and-color pros. Here, their fabulous results that you can copy at home **Produced by Gwen Flamberg**

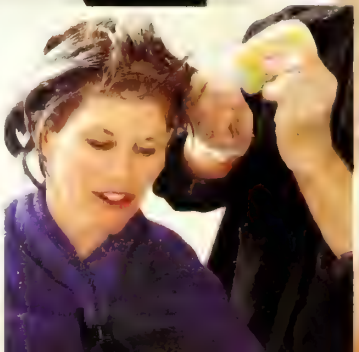


Joan Moen, 45



The transformation: To go from brown to the ash blond Joan wanted is a shift of about four shade levels. Color pro Joseph Caron chose Nutrisse Nutricolor Masque in Sugar Cane by Laboratoires Garnier, which is an extra-lightening blond with a higher developer and more ammonia to execute such a dramatic switch. Then stylist Mark Garrison stepped in to snip Joan's thick wavy hair, cutting in long layers and fringed bangs for a wash-'n-wear style that requires no blow-drying.

Why she wants color: Gray hair became too visible to ignore when Joan was in her early twenties; ever since then, she has maintained a dark brown shade with at-home color formulas.
Her dream shade: Blond, blond, blond. "My husband has always urged me to try blond, but I never thought it could cover my gray without looking yellow or brassy."





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Rules for the at-home colorist: 1. Don't shampoo the day of your natural hair color. 3. Touch up roots every fou



Denise Reyes, 25

Why she wants color: To keep up with the trends. "This summer, I tried a drugstore highlighting kit to get that popular 'chunked' look, but because my hair is so dark, the highlights were just a weird orangy-red."

Her dream shade: "Anything different!"



The transformation: When you're coloring hair as dark as Denise's at home, never try to go more than two shades lighter. That said, how did Denise get a highlighted look without highlighting? The trick is all in the shade you pick: Joseph used Nutrisse Nutricolor Masque in Acorn, a honey brown that imparts subtle golden shimmer. Then stylist Mark Garrison cut her hair by half and snipped in choppy layers to put the focus on Denise's pretty full lips and strong cheekbones.





. 2. For foolproof results, stay within two shades
/eeks. 4. Most important—enjoy your new do!



Why she wants color: To get a more dramatic look than nature gave her. "I need help! I've got bits and pieces of all sorts of color in this head of hair—some natural blond and red, and strands of gray at the temples, just like a calico cat."
Her dream shade: "Vibrant, racy red—like Nicole Kidman or Angie Everhart. But I've never had the guts to do it myself, and I never knew which color would work best for me."

The transformation: Libby's wish was Joseph's command. He agreed that red was just right to complement her pinkish complexion, so he went for the most vivid red—Nutrisse Nutricolor Masque in Luscious Mango. Red can be tricky for at-home colorists, but because Libby's base was in the same color family, no special techniques or formulas were required. For a cut to match her great new hue, Mark reduced bulk at the chin and snipped in "diamond-cut" edges to keep hair from flipping up and out.



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STALKERS ON

THIS TERRIFYING NEW CRIME CAN HAPPEN TO YOU DON'T OWN A COMPUTER. PREDATORS ARE USING TO THREATEN THOUSANDS OF WOMEN ACROSS HERE'S HOW TO AVOID BECOMING A VICTIM

For Jayne Hitchcock, the harassment began in 1996, with hundreds of E-mail messages endlessly repeating the name of her dog. Then came the phone calls—as many as thirty a day—from strangers wanting to share their sexual fantasies with her. When her husband confronted one of the callers, the stranger explained that he was simply answering an ad posted on the Internet. Titled "Hot for Lovebites," the message claimed that Hitchcock liked sadistic group sex, and invited anyone with similar interests to call her or stop by her house. Her phone number and address were listed.

_INE

EVEN IF YOU
THE INTERNET
THE COUNTRY.

BY ANDREA ROCK

"When I saw it, I felt scared for my life," says Hitchcock, forty-one.

Some computer-savvy friends helped her trace the source of the ad to a New York Internet service provider (ISP). Hitchcock, a writer, contends that she has been the victim of cyberstalking conducted by the owners of a now-defunct literary agency. She believes they are striking back at her because in 1996, she contacted the New York State attorney general's office to inform them that the agency was a fraudulent business that demanded fees from writers and delivered nothing in return.

In an effort to fight off her harassers, Hitchcock filed a $10 million civil lawsuit against them. Last year, she and her husband even moved to try to escape the stalking, but they have since received dozens of hang-up phone calls. "These people are trying to frighten me into dropping my civil suit," Hitchcock says. "They haven't realized this only makes me more determined to not let them get away with cyberstalking."

Hitchcock is one of a growing number of victims of this new high-tech crime. Nearly 1.4 million Americans are stalked each year—four out of five are women—and stalkers are increasingly using the Internet, E-mail and other electronic communication devices to frighten them and wreak havoc in their lives. In some cases, online threats have been preludes to physical violence and even murder. "It's scary enough to be stalked in person, but the anonymity a cyberstalker has adds to the fear," says Randolph Georgieff, a detective with the Baltimore County Police Computer Crime Unit, in Maryland.

A spokesperson for the Internet industry insists that cyberstalking is "relatively uncommon," but statistics prove otherwise. The Los Angeles District Attorney's office estimates that about 20 percent of its stalking cases involve electronic harassment, while the New York City Police Department says almost 40 percent of its computer investigations do. "Cyberstalking is a whole new frontier," says U.S. Representative Sue Kelly (R–New York), who has introduced federal legislation to help law enforcement respond to the problem. "The rapid development of technology and growing popularity of the Internet give stalkers new opportunities to terrorize victims."



A HIDDEN THREAT

Cyberstalking victims are primarily women, and the perpetrators are typically men who know them, often ex-husbands or boyfriends. But according to a recently released report by the Department of Justice, the ability to hide behind a computer screen may actually be creating more harassers. "Whereas *(continued)*

If You Are Harassed Online:

- **STATE CLEARLY ONCE**—and only once (since even negative attention can encourage stalkers)—that you do not wish to receive any further communication. Don't respond at all if the E-mail is from a stranger; when you reply, you are verifying your E-mail address to the sender.

- **SAVE ALL COMMUNICATION** as evidence if the harassment persists. Print out the messages and also save them on your hard drive or Zip disk. Make sure that copies of E-mail contain full headers—the information at the top of the communication that may look like gibberish, but contains vital data that help track the source of an E-mail. (For more about this, visit *www.haltabuse.org.*)

- **FILE A COMPLAINT** with the administrator of the harasser's Internet service provider (ISP). You can do this at most sites by typing in *postmaster@(name of Internet service provider).*

- **CONTACT THE AUTHORITIES.** Many police forces have an officer or a department devoted to computer crime. If the local police can't help, try your county or state police departments. If the stalker is out of state, you should also contact your local office of the FBI.

—A.R.

(continued) a potential stalker may be unwilling or unable to confront a victim in person or on the telephone, he or she may have little hesitation sending harassing or threatening electronic communications," the study states.

Cyberstalkers can also easily disrupt lives on the other side of the country or even the world. It is "a pernicious new form of harassment," says Linda Fairstein, chief of the sex crimes prosecution unit of the Manhattan District Attorney's office.

That's what Joan*, a single mother of two preschoolers, discovered in June 1998, when her ex-husband, who lives thousands of miles away, began sending her electronic threats and ruining her credit rating. He even sent E-mails to her bosses, falsely accusing her of stealing from her company, and of being a drug addict and a neglectful mother.

"Even though I have proof that he has threatened me, and there's no question that he's violating stalking laws, the police in his state won't help because I don't live there," she says. "The district attorney here maintains it's not cost-effective to extradite him for prosecution."

According to the Department of Justice study, that response is not unusual. "The interstate nature of cyberstalking is one of the serious challenges we face," says Associate Deputy Attorney General John Bentivoglio. "One solution would be to enact legislation making court orders issued in one state enforceable in other states, so that local prosecutors can pursue interstate stalking cases."

WHEN CYBERSTALKING TURNS DEADLY

Experts say that ISPs also need to work harder to combat online harassment. A tragic case in point is that of twenty-year-old Amy Boyer. For about two years, Liam Youens, twenty-one, maintained a Web page in which he expressed his infatuation with Amy, and later, his plans to kill her.

Youens had become obsessed with Amy when they were high-school classmates in Nashua, New Hampshire. Unbeknownst to her, he posted detailed personal information about her on the Web pages he set up at two popular Internet destinations. But then one day Youens wrote on his Web site that his love for Amy had died—and so must she.

Youens contacted an online service known as Docusearch, and for a fee of $45 he obtained Amy's Social Security number. Then he tracked down the name and address of her employer in late September 1999. For the next two weeks, he monitored Amy's movements to learn her workday routine. On October 12, Youens proclaimed on his Web page that he had successfully rehearsed his murder plan. Three days later, he shot Boyer in the head fifteen times as she left work, and then committed suicide.

"Losing Amy in this senseless way was devastating," says her mother, Helen Remsburg, forty-six.

Helen and her husband, Tim, plan to push for legislation that would require ISPs to police their sites regularly. "Ironically, two nights before she was murdered, Amy and I were shopping for discount airline tickets on the Internet," says Helen. "If only we had done a search under her name to see what was out there about her, she might be alive today."

Randi Barber, twenty-nine, of North Hollywood, California, was also unaware that she was the subject of disturbing messages posted on the Internet. Randi, who didn't even own a computer, began receiving obscene phone calls in early 1998. Several men even showed up at her door. One told her that he was replying to an ad she'd placed on a Web site bulletin board revealing fantasies of being raped, and giving directions to her house.

Randi was shocked—and terrified. Her father, Tom, quickly became a computer sleuth, locating the ads and corresponding with the person who was impersonating Randi under the screen names "playfulkitty4U" and "kinkygal30." The Barbers went to the FBI and local police. The authorities investigated and discovered that the harasser was Gary Dellapenta, fifty-one, a security guard, whose advances Randi had rebuffed two years earlier.

The Barbers were lucky: In 1990, California had passed a law *(continued)*

*Name has been changed

For More Information

To learn more about protecting yourself against cyberstalking, contact:

ONLINE PRIVACY ALLIANCE (*www.privacyalliance.com*): Sponsored by the Internet industry, this group offers tips on preventing and dealing with cyberstalking.

PRIVACY RIGHTS CLEARINGHOUSE (*www.privacyrights.org*): a nonprofit consumer group that provides helpful information on protecting your privacy online.

NATIONAL CENTER FOR VICTIMS OF CRIME (*www.ncvc.org*): provides advocacy for victims, as well as assistance in navigating the justice process and counseling referrals.

WOMEN HALTING ONLINE ABUSE (*www.haltabuse.org*): offers advice, emotional support and educational information.

CYBERANGELS (*www.cyberangels.org*): a nonprofit group devoted to helping victims of online harassment.

SAFETY ED INTERNATIONAL (*www.safetyed.org*): a nonprofit group that helps online harassment victims and provides educational information. —A.R.

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ntinued) prohibiting stalking; it as the first state to do so. In April, ellapenta pled guilty to one count stalking and three counts of solicition of sexual assault. In July, he as sentenced to six years in prison.

"Randi's situation illustrates how ie veil of anonymity cyberstalkers ave heightens the terror victims el," says Scott Gordon, the deputy istrict attorney on the case. "Any ian could have been the stalker, and iat's an eerie thought to live with."

CHANGING THE LAW

tate and federal laws are just beginiing to address the special challenges posed by cyberstalking. While every tate now has laws against stalking—ind federal legislation was passed in 1996—for the most part, cyberstalkng is not covered. And some local police departments still fail to take complaints seriously; others don't have the resources to investigate such cases.

Desperate for help, some victims have become outspoken advocates for laws that will better protect them. Jayne Hitchcock serves as co-president of the support group Women Halting Online Abuse, and she's worked with several local police departments to set up special computer-crime units. Her testimony helped to pass anti-cyberstalking laws in Maryland, California and New Hampshire; she also testified before a Congressional committee in support of the federal anti-stalking legislation introduced by Representative Sue Kelly.

That bill—which was passed by the House of Representatives last November and is now under consideration by the Senate—would broaden protection against stalking both online and off. It would give the federal government the power to prosecute interstate cyberstalking cases, and allow officials to apprehend stalkers who have not made overt threats but have demonstrated a pattern of behavior that would give the victim a reasonable fear of injury or death.

Advocates say that only when such laws are on the books will the justice system respond appropriately to a danger that is steadily mounting. "Women really need to support passage of this federal bill, as well as state laws that offer greater protection against cyberstalking," says Jayne Hitchcock. "It is a form of abuse I wouldn't wish on anyone." ■

Don't Be a Victim

To keep yourself—and your family—safe from cyberstalkers, experts offer these tips:

- When setting up an E-mail account at home, select an address or screen name that is gender-neutral. Then, send yourself an E-mail to check your "signature," the information that appears at the bottom of each message you send. Remove any personal information, such as your address or phone number.
- Consider setting up two separate E-mail accounts. Establish a primary address that you give only to family and friends. For all other online activity, such as shopping, and communicating in newsgroups or chat rooms, use a free account with a user name that is nothing more than a series of numbers or letters. These accounts are available through such services as Hotmail and Excite.
- Once a month, type your family members' names into Internet search engines to see what information, if any, pops up. Jayne Hitchcock suggests beginning your spot checks at *www.metacrawler.com* because it accesses multiple search engines. Regular spot-checking is one of the most important acts you can take to protect yourself, says Trudy Gregorie of the National Center for Victims of Crime. If you are listed in the phone book, it's likely your name, address and phone number will appear in the directories of such search engines as Yahoo and Alta Vista. To have your name removed from directories, contact each search engine on which you are listed. —A.R.

MAKE YOUR VOICE HEARD! HELP STOP CYBERSTALKERS

To support the federal anti-stalking bill introduced by U.S. Representative Sue Kelly (R—New York), fill out this form urging your senator to vote for the legislation.

March, 2000
Senator_____
United States Senate
Washington, D.C. 20510

Dear Senator_____,

I've read the *Ladies' Home Journal* article on cyberstalking, and I'm shocked and alarmed. I want you to vote for the federal anti-stalking bill (Senate bill #1660), which will broaden protection against cyberstalking, and make it a federal crime.

Sincerely,

_____

SPRING INTO ACTION WITH THESE FUN SEASONAL ACTIVITIES



GO FLY A KITE

This month marks the annual Smithsonian Kite Festival. But before you set sail in the skies, consider these high-flying tips from *Kite Life* magazine editor Mike Gillard.

STEP 1 Pick the right day. "You need moderate wind, from six to twelve miles an hour," says Gillard.

STEP 2 Find a proper place. "Look for an area as open as possible, with few trees or buildings. Tall obstacles create 'wind shadows,' which block good flying wind up to seven times their height," explains Gillard.

STEP 3 Stand with your back to the wind and hold the line of the kite at waist level. Have a friend walk downwind about 50 to 75 feet holding the kite. When she lets go, give a little tug, and watch the kite soar. "There's no need to run; the wind should do the lifting," Gillard says.

STEP 4 "Pump the line by moving it from in front of you to behind you," says Gillard. "This sweeping movement, done smoothly, can help a kite rise higher in the sky, to better wind."

For more information on kiting, call The American Kitefliers Association at 800-252-2550, or visit their Web site at *www.aka.kite.org*.

MOOD SWING

Cleaning out your closet doesn't have to be a bore chore if you do it with style.

BLAST inspiring music like Nancy Sinatra's "These Boots are Made for Walkin'," or "Take Back Your Mink" from the *Guys and Dolls* soundtrack.

INVITE your most honest friend over for an edit session. "Get rid of anything you haven't worn in two years," suggests Stacey Mayesh, a fashion stylist in New York.

PURGE fashion don'ts and donate them to Goodwill; give old black-tie outfits to your daughter or niece to play dress-up.

ASSIGN the clothes you keep into categories—professional, leisure, workout and dress up—suggests Julie Morgenstern, a professional organizer in New York City. "Anything that you decide to put back must really earn its space," she says.

CARTOON CLASSIC



"I heard he came into money and moved to a portobello."

DID YOU KNOW?

- St. Patrick was actually born in Scotland and did not make it to Irish shores until he was kidnapped and sold there as a slave.
- Corned beef is not a traditional Irish food. The beef was borrowed from Jewish-Americans by Irish-American immigrants to use as a substitute for the more expensive and traditional Irish bacon.
- Leprechauns were minor—and crotchety—characters in Irish folklore. In fact, the cheerful leprechaun is purely an American fabrication.


will do cartwheels and make snow angels.
will make a date with my husband.
will watch less T.V.
will write down everything she says.
will have my tattoo removed.
AKE EVERY DAY GOOD TO THE LAST DROP.
MAXWELL HOUSE



IN THE NEWS

HOW **DARK** IS YOUR BEDROOM?

You probably never imagined that the answer to this question could affect your health. But experts are exploring whether exposure to artificial light at night interrupts the production of an essential hormone, melatonin, thereby altering a variety of functions, from quality of sleep to the way estrogen acts in the body.

After darkness occurs, the brain's pineal gland begins secreting melatonin. Melatonin levels increase throughout the night, explains Richard Wurtman, M.D., professor of neuropharmacology at Massachusetts Institute of Technology, in Cambridge, and then dwindle by morning. The rise contributes to making people sleepy and helps them stay asleep. Nighttime exposure to bright, artificial light (produced by a TV that's left on, or a glaring streetlight), however, dampens this function, fouling up our sleep-wake rhythms. Sleep deprivation can result.

Low nighttime levels of melatonin have also been linked to the incidence of breast cancer. According to David Blask, M.D., Ph.D., a researcher at Bassett Research Institute, in Cooperstown, New York, the hormone has been shown to prevent estrogen from stimulating the growth of breast tumors in rodents. The same might hold true for humans—studies show that blind women, who can't perceive light, develop breast cancer half as frequently as sighted women.

Can exposure to light at night increase your breast-cancer risk?

Popping melatonin supplements isn't a solution—researchers are still not sure about melatonin's long-term effects and feel more studies need to be done. But you can help your body produce melatonin by getting enough sleep every night, avoiding bright light after nine P.M., and making your bedroom as dark as possible before you turn in. Also, eat plenty of melatonin-rich foods like tomatoes, bananas and rice. —Mary Mertz

BODYBRIEFS



JUICE UP
Drinking three 8-ounce glasses of orange juice per day may be heart-healthy. Flavonoids in the juice increase the amount of high-density lipoproteins (HDL), or "good" cholesterol, in the blood, and lower low-density lipoproteins (LDL), or "bad" cholesterol.



CLOSER LOOK
While chest X rays can detect lung cancer when tumors are the size of a quarter, **a new test, called a spiral CT, can find tumors sooner.** A CT scan machine that rotates around the body, it can detect tumors the diameter of a drinking straw.



GOING UNDER? If you're having surgery, make sure the anesthesiologist knows of any herbs you are taking. **Some herbs react adversely with anesthetics,** causing problems such as increased blood loss, says Charles H. McLeskey, M.D., chair of anesthesiology at Texas A&M University College of Medicine, in College Station.



CANDLE CAUTION
A burning candle can emit small amounts of toxins such as lead, acetone or benzene, according to the American Lung Association. While normal use shouldn't pose harm, if you burn candles frequently, choose ones with no additives, such as beeswax candles.

—Christine Many



erms are one thing we should keep all to ourselves. That's why Kleenex®
re® offers three germ-blocking layers to help catch cold germs and keep them there.
e of all the things to be generous with, cold germs don't have to be one of them.
ARE THE LOVE. NOT THE GERMS.



There's a little bi of Taz in all boys



Hand-painted and handcrafted, you'll love the Tasmanian Devil-ish sparkle in his bright blue eyes!

Introducing "Taz Made Me Do It!" a Looney Tunes™ porcelain collectible doll

Affordably priced at
4 payments of $19.99
plus shipping
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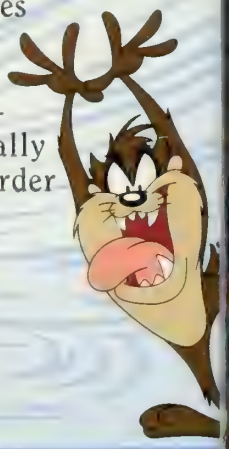
This adorable little rascal loves to create mischief and mayhem just like his favorite Looney Tunes friend, the Tasmanian Devil—"Taz" for short. He's having such terrific fun with this roll of toilet paper, dashing around the house in his Taz slippers and sleeper. Best of all, his Mommy is laughing too hard to scold him!

Acclaimed doll artist Kathy Barry-Hippensteel presents a glimpse of Taz's rambunctious personality brimming in the impish smile of this toddler dynamo getting into wild mischief. Behind the humor is a doll of extraordinary artistry. Handcrafted and hand-painted by master artisans, the sense of zip and non-stop activity is perfectly expressed in the richly expressive porcelain face and "catch-me-if-you-can!" pose. "Taz Made Me Do It!" meets the exact specifications and approval of Warner Bros.



A devilish dynamo at a delightful price!

"Taz Made Me Do It!" is limited in production, is hand-numbered, and comes with a matching-numbered Certificate of Authenticity. And at $79.99 he's a remarkable value. Unconditionally guaranteed for one year. Order now, before he gets away!



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Bringing You Dolls of Irresistible Value

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YES, please reserve "Taz Made Me Do It!" Limit one. I understand I will be billed for the first payment before doll shipment.

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X

Signature _____ Date ( )

Name (please print clearly) _____ Telephone

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Total price of $85.97 includes $5.98 shipping and handling. Sales tax additional on shipments to Illinois. Please allow 10 to 12 weeks for delivery. Canadian price is $119.99 plus shipping and all applicable taxes.

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Virtual Drugstores

Getting your prescriptions filled without seeing your doctor may sound convenient, but you should exercise caution when shopping for drugs on the Internet. A recent study found that some sites prescribe drugs after only a brief online consultation. "You may end up with the wrong medication," says the study's lead author, Bernard S. Bloom, Ph.D., a research professor at the University of Pennsylvania School of Medicine, in Philadelphia. And while you may find a site that offers lower prices, Bloom's study found that the average price per pill on the sites he reviewed was higher than in a typical pharmacy. Many sites charge $50 to $100 for a consultation as well as shipping fees.

Before you shop, visit the National Association of Boards of Pharmacy at *www.nabp.net* for a list of reputable sites. Finally, steer clear of foreign sites, which may sell drugs that are not yet approved in the U.S.

—Christine Many



Fighting a cold can taste mighty good!

Q CAN CERTAIN FOODS HELP FIGHT A COLD? A

Think of fighting a cold as being in a boxing match, says Jackie Newgent, R.D., a spokesperson for the American Dietetic Association, in Chicago. "If your natural defenses aren't built up, you're a lightweight confronting a heavyweight." And while Newgent stresses the importance of a balanced diet in keeping you in peak fighting shape, she says there are a few nutritional hard-hitters that can really help you knock out a cold. Vitamin C and zinc are two that have been linked to strengthening immune response. Vitamin C, found in citrus fruits, green peppers, broccoli, cantaloupe and tomatoes, helps by energizing white blood cells, which are on the front line of our immune system's defense. Zinc helps with the production of antibodies and T-cells, which kill foreign invaders, and is abundant in seafood and red meat, whole grains and a variety of beans. Another thing to try when you're battling a cold: garlic, which contains allylic sulfides and other substances that may kill germs. Last, though you may long for comfort food, don't load up on refined sugar and fat at the expense of nutritious choices that will help you beat a cold.

—Nicci Micco

HOME HEALTH TESTS: How Do They Score?



WITH SO MANY DO-IT-YOURSELF TESTS ON THE MARKET, YOU CAN KEEP TABS ON YOUR HEALTH IN THE PRIVACY OF YOUR OWN HOME. BUT ARE SELF-TESTS RELIABLE? HERE'S THE LOWDOWN ON THREE POPULAR ONES. —ARRICCA ELIN SANSONE

TEST:	EXPERT OPINION:
HEALTHCHECK URI-TEST GLUCOSE IN URINE DIABETES SCREENING ($9.99)	While this test can accurately detect glucose in urine, the presence of glucose does not always indicate diabetes. To make a positive diagnosis, a doctor would need to administer a more sophisticated fasting-plasma glucose test.
HOME ACCESS HEPATITIS C CHECK ($70)	You prick your finger for a blood sample, mail it to the lab and call in about 10 business days to get results and counseling. Expect the results to be 99 percent accurate.
CONSUMERS CHOICE SYSTEMS UTI HOME SCREENING TEST KIT ($9.99)	This test is up to 90 percent accurate, but it can only tell you if an infection is present, not which one of dozens of bacteria is causing it. This means you'll probably still have to see a doctor for a urine culture so you can get the right antibiotic. The OTC test is best for frequent UTI sufferers when used as an early screening method.

SOURCES: CHRISTOPHER D. SAUDEK, M.D., PROFESSOR OF MEDICINE, JOHNS HOPKINS UNIVERSITY, AND VICE PRESIDENT OF THE AMERICAN DIABETES ASSOCIATION; ADRIAN M. DI BISCEGLIE, M.D., MEDICAL DIRECTOR, AMERICAN LIVER FOUNDATION; C. LOWELL PARSONS, M.D., PROFESSOR OF SURGERY/UROLOGY AT THE SCHOOL OF MEDICINE, UNIVERSITY OF CALIFORNIA–SAN DIEGO.

Foods, Inc.

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COOL 'N TROPICAL TREAT

Prep: 5 minutes

Nonfat yogurt, any flavor
Lowfat granola
COOL WHIP LITE or FREE Whipped Topping, thawed
DOLE® Pineapple Chunks, drained

ALTERNATE layers of yogurt, granola, whipped topping and pineapple chunks in glass or small bowl. Top with whipped topping.



Gary Hovland and Marisa Felker say their sexy weekend getaway had a lasting effect on their marriage

Couple-Tested TURN-ONS

Do expert strategies for spicing up your sex life really work? Five husband-and-wife teams try them and tell all **By Tamara Eberlein**

SCORING THE BETTER-SEX STRATEGIES

- = A sure thing
- = Gets you in the mood—most of the time
- = An occasional turn-on
- = May not be worth the effort

Call us skeptical, but after years of hearing therapists tout the same old strategies for recharging married sex, we had our doubts. Are black teddies, blue movies and bedroom toys really tried-and-true, or just tired out? *Ladies' Home Journal* asked five couples to investigate popular strategies for revving up lust levels. Their experiences—from silly to steamy to oh-so-sweet—help define what's hot and what's not

ADVICE: Go away without the kids

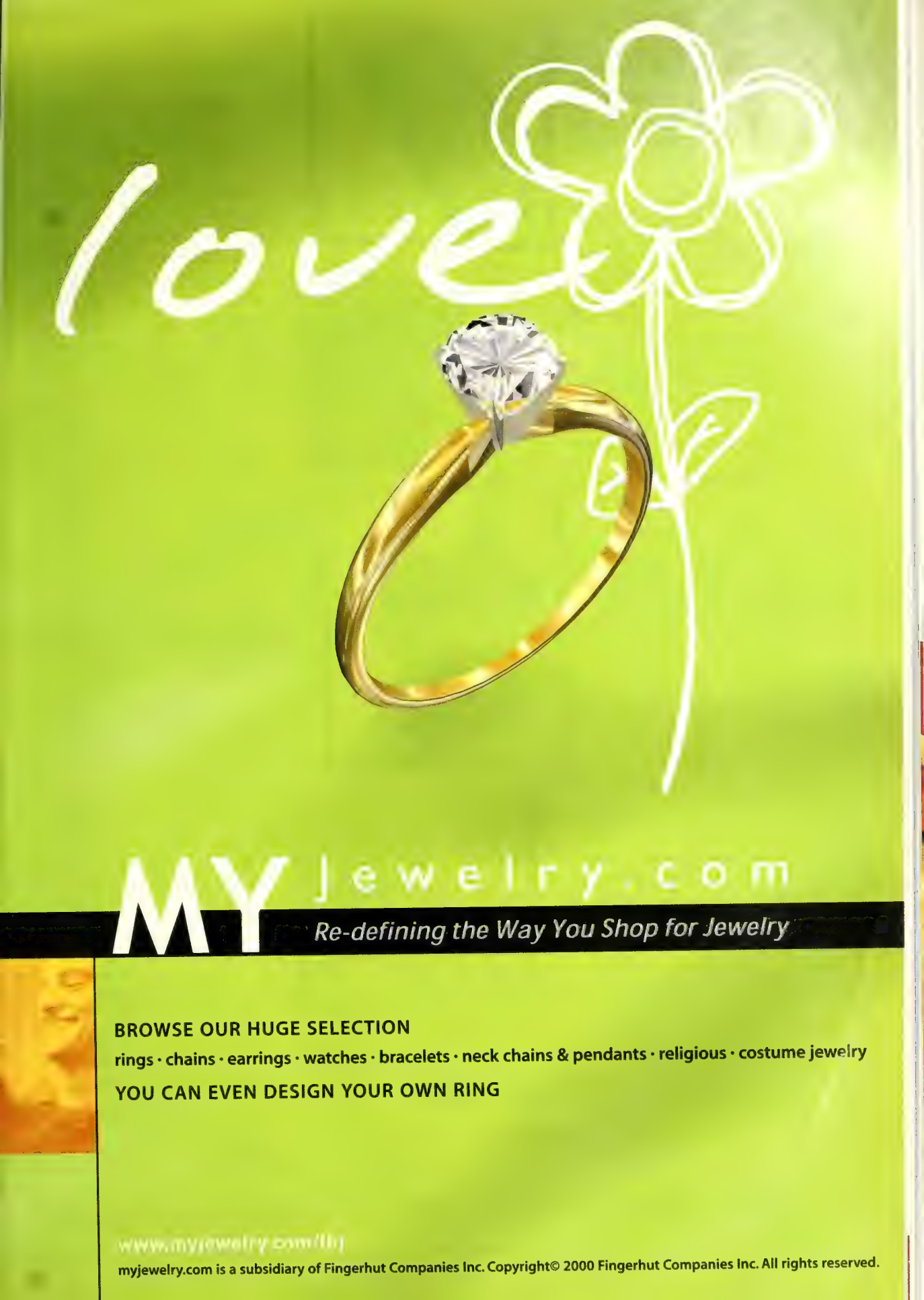
COUPLE: Marisa Felker, forty, and Gary Hovland, forty-two, of Encinitas, California; two children, aged four and two

WHAT HAPPENED: It had been four years since Marisa and Gary had taken a vacation alone together. Then, one Thursday last spring, Gary, an illustrator, urged, "Let's get away this weekend!" Inspired by his spontaneity, Marisa, a stay-at-home mother, reserved a room at a resort in nearby Palm Desert. "We limited ourselves to one night, because I'd have been too uptight if we'd stayed longer," she says.

The baby-sitter arrived on schedule, and by noon Marisa and Gary were making drinks at the mini-bar in their hotel room. They sat on their balcony to admire the view—reflecting pools, an emerald golf course, majestic mountains. Drinks done, the question arose: What next?

"It was like telepathy," recalls Marisa. "A tilt of the neck, a raised eyebrow, and without a word we knew what we wanted to do." Slipping into the bathroom, she donned a slinky black teddy and thigh-high black silk stockings. Feeling slightly silly but also sensual, she opened the door and struck a sexy pose. "Marisa looked fantastic!" says Gary. "Her come-hither routine really charged up my mood."

The lovemaking that followed was particularly passionate. *(continued)*


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"Home is where diapers get changed and bills get paid," says Marisa. "But in this unfamiliar place, everything seemed as fresh and exciting as when we first fell in love."

That evening, Marisa changed into a silk blouse, slim skirt and high-heeled sandals for an elegant dinner. Next morning, she and Gary enjoyed a hand-in-hand stroll and leisurely lunch before heading home.

In the months that followed, Gary and Marisa were surprised to discover that their getaway had a lasting effect. "We've been feeling closer than ever," says Gary. "We're already planning our next weekend escape—for two nights!"

RATING: ❤❤❤❤

ADVICE: Tune in to TV erotica

COUPLE: Karen, thirty-one, and Chris Danke, thirty-three, of Redford, Michigan; twins, aged three

WHAT HAPPENED: Channel-surfing late one night, Karen and Chris stumbled across a cable TV show on which a naked couple were cavorting. "I said, 'Is this too raunchy, or should we leave it on?'" recalls Chris, a printing company manager.

"Our kids were fast asleep, so we decided to watch awhile," says Karen, a music teacher. "The actors were gorgeous, and there was something very sexy about the way they moved together. By the end of the half-hour show, we were both in the mood for some cavorting of our own—right there in the TV room."

Soon the couple began tuning in to the racy late-night programs about once a month. "Erotic films can lower inhibitions and raise libido," says Karen. "After twelve years together, we're still discovering novel ways to increase excitement. And sometimes, while making love, an image from a show will pop into my mind and boost the passion."

Of course, not every skin flick ends in a lust fest. "Some nights Karen walks in and asks, 'Why are you watching that?'" says Chris. "But if she snuggles next to me, I know we're both ready for a live-action performance of our own."

RATING: ❤❤❤

ADVICE: Go on a "blind date"

COUPLE: Michele, forty, and Bob Taffet, forty-one, of Haddonfield, New Jersey; three kids, aged nine, seven and two

WHAT HAPPENED: When Michele and Bob met at a fraternity party twenty years ago, the attraction was instantaneous. But sizzle can fizzle as the years pass. So last summer, the Taffets agreed to pretend to be strangers fixed up by a mutual friend.

On the appointed evening, Bob, a surgeon, picked up his "date" after work. Michele, an occupational therapist, was wearing a clingy sapphire dress that played up her sea-green eyes. Bob smiled appreciatively and said, "Our friend didn't tell me you were *this* pretty."

The Taffets went to an elegant restaurant new to both of them. Over appetizers, they realized they had neglected to develop a plausible plot for their encounter. When Michele told Bob that she was a married mother of three, he responded, "Your husband's a jerk to let his wife date another man!" When she inquired about his family, Bob replied, "My wife is dead"—not exactly a turn-on for Michele. So they started over, assuming roles as single parents.

The results surprised them. "When Bob talks, my mind tends to wander because I've heard it all before," confesses Michele. "In pretending not to know him, I had to pay attention." So, instead of brushing off his complaints about his long work hours, she sympathized.

Bob admits he gets annoyed at Michele's involvement in dance and theater groups. But seeing her glow as she spoke of the stage, he remembered his early attraction to her vitality. "Wow, you're still dancing? That's great," he said sincerely.

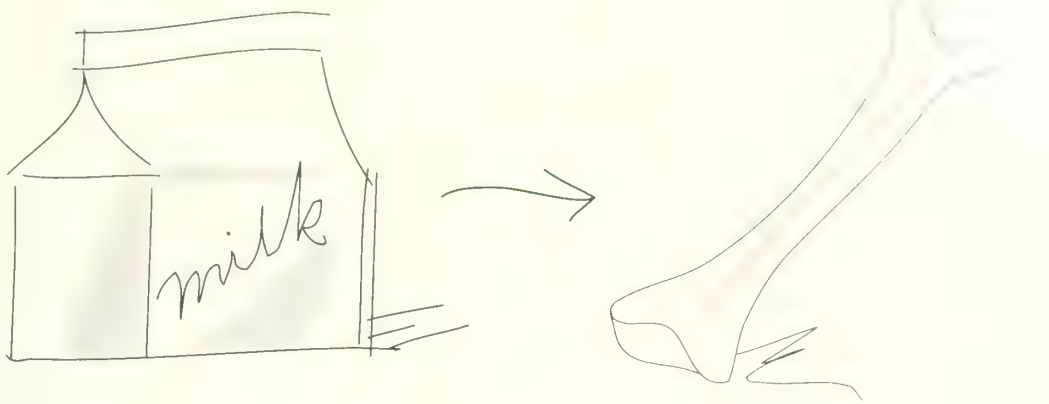
By dessert, though, Michele and Bob were feeling the strain of maintaining the pretense. Taking a break, they talked of real-life concerns: their house, kids, co-workers.

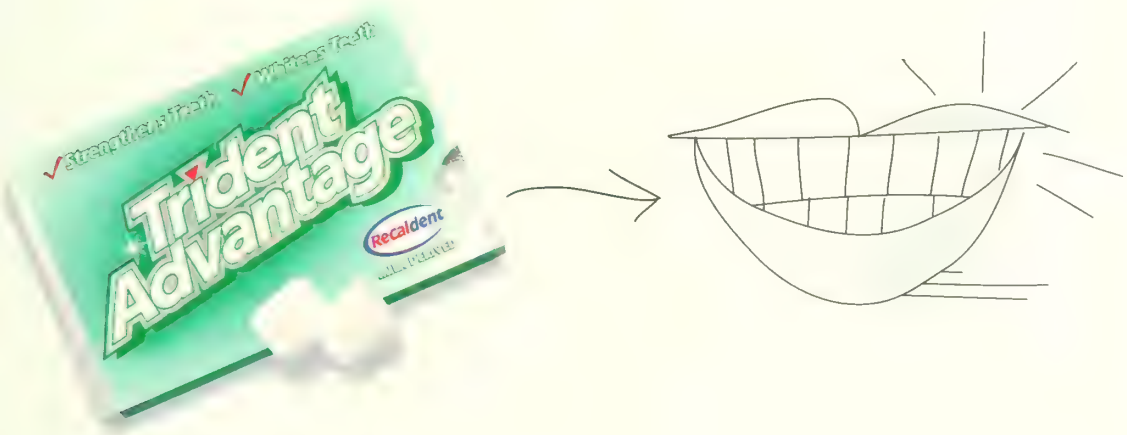
While the couple thought the role-playing was silly, they kept the concept of big dates. "As a birthday surprise for Bob, I booked a fancy hotel suite. We made excellent use of the whirlpool!" says Michele.

RATING: ❤

(continued)

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ADVICE: Experiment with sex toys
COUPLE: Sue, forty-one, and Steve Goldstein, forty-two, of Noank, Connecticut; two kids, aged fourteen and [illegible]
WHAT HAPPENED: When friends invited Sue, a teacher, to an "intimate toys" party, she didn't hesitate. "My love life is wonderful, but this was a great excuse for a girls' night out," she says.

The demonstration started with bath gels and silk sheets, then moved to rubber-nubbed massage mitts and aphrodisiac colognes. The audience greeted each item with raucous cheers.

> "We don't reach for the toy chest when we want soul-stirring lovemaking, but when we're in the mood, toys can add to the fun," says Sue Goldstein

At the end of the evening, the women, including Sue, lined up to buy.

When Sue got home, Steve, a research scientist, was asleep. Sue climbed into bed and picked up a book. Then she heard his voice: "Did they have any good toys?"

Soon the Goldsteins were trying out Sue's purchases. Dabbing on the musk-scented aphrodisiac cologne, Sue felt sexy and sensual. The chocolate-mint–flavored body lotion was an instant favorite for both partners—fun to rub on, even more fun to lick off. A second lotion, however, did not live up to its promise. The egg-shaped vibrator rated somewhat higher, although Sue acknowledges it's no match for her husband's caresses.

Still, the couple call the experiment a success. On occasion, they use the cologne and lotion. Explains Sue, "We don't reach for the toy chest when we want soul-stirring lovemaking, but when we're in the mood, toys can add to the fun."
RATING: ❤❤

ADVICE: Take a bubble bath together
COUPLE: J.C., twenty-nine, and Michael Berger, thirty-three, of Boston; one child, aged two
WHAT HAPPENED: J.C., a graduate student, has always adored her antique claw-foot tub. "I take several baths a week, usually with an academic journal in hand," she says. Despite frequent invitations, Michael, a consultant, never joined her.

One evening after tucking their toddler into bed, J.C. took a new tack. Lighting a dozen candles along a bathroom shelf, she settled into a scented bubble bath with a sigh of pleasure. When Michael popped his head through the open doorway, he blinked in surprise. "J.C. looked so alluring, her cheeks flushed and bare skin glowing. So when she told me there was room for two, I couldn't say no."

The couple found a comfortable spooning position. Soaping up, they shared their news of the day. Gradually, mundane matters receded from their minds. The couple began to reminisce about their past and make plans for the future.

By the time they toweled off, an hour had passed. They beelined for the bedroom. "It was more than being warm and naked," explains Michael. "We were at a level of emotional intimacy that went beyond sensual excitement." "Bath night" quickly became a weekly event.
RATING: ❤❤❤❤

Tamara Eberlein is a freelance writer who lives in Ridgefield, Connecticut.

Talk more about it

Do you have solutions to share with other women just like you about marriage and relationship concerns? Join our discussion group at www.lhj.com/solutions/discuss.htm to share your stories and advice.

RIMADYL®
(carprofen)
Caplets/Chewable Tablets
Non-steroidal anti-inflammatory drug
For oral use in dogs only

CAUTION [illegible]

DESCRIPTION [illegible]

INDICATIONS [illegible]

CONTRAINDICATIONS [illegible] hypersensitivity to carprofen

PRECAUTIONS [illegible] associated with gastrointestinal and renal toxicity. Effects may result fr decreased prostaglandin production and inhibition of the enzyme cyclo oxygenase which is responsible for the formation of prostaglandins from arachidonic acid. When NSAIDs inhibit prostaglandins that cause inflam tion they may also inhibit those prostaglandins which maintain normal ho static function. These anti-prostaglandin effects may result in clinically s cant disease in patients with underlying or pre-existing disease more oft than in healthy patients. NSAID therapy could unmask occult disease wh has previously been undiagnosed due to the absence of apparent clinical s Patients with underlying renal disease for example, may experience exacc tion or decompensation of their renal disease while on NSAID therapy.

Carprofen is an NSAID, and as with others in that class, adverse reaction may occur with its use. The most frequently reported effects have been g trointestinal signs. Events involving suspected renal, hematologic, neurolo dermatologic, and hepatic effects have also been reported. Patients at gre risk for renal toxicity are those that are dehydrated, on concomitant diuretic th py, or those with renal, cardiovascular, and/or hepatic dysfunction. Since ma NSAIDs possess the potential to induce gastrointestinal ulceration, concomit use of Rimadyl with other anti-inflammatory drugs, such as corticosteroids ar NSAIDs, should be avoided or very closely monitored. Sensitivity to drug-assoc adverse reactions varies with the individual patient. For example, Rimadyl treatment was not associated with renal toxicity or gastrointestinal ulceration well-controlled safety studies of up to ten times the dose in dogs.

Rimadyl is not recommended for use in dogs with bleeding disorders (e.g. Von Willebrand's disease), as safety has not been established in dogs with these disorders. The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studi determine the activity of Rimadyl when administered concomitantly with o protein-bound drugs have not been conducted. Drug compatibility should monitored closely in patients requiring additional therapy.

Due to the palatable nature of Rimadyl chewable tablets, store out of reach dogs in a secured location. Severe adverse reactions may occur if large q tities of tablets are ingested. If you suspect your dog has consumed Rimad chewable tablets above the labeled dose, please call your veterinarian for immediate assistance and notify Pfizer Animal Health (1-800-366-5288).

INFORMATION FOR DOG OWNERS
Rimadyl, like other drugs of its class, is not free from adverse reactions. Ow should be advised of the potential for adverse reactions and be informed the clinical signs associated with drug intolerance. Adverse reactions ma include decreased appetite, vomiting, diarrhea, dark or tarry stools, increa water consumption, increased urination, pale gums due to anemia, yellow of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral changes. **Serious adverse reactions associated wit this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue Rimadyl therapy and contact their veterinarian immediately if signs of int erance are observed.** The vast majority of patients with drug related adver reactions have recovered when the signs are recognized, the drug is withdr and veterinary care, if appropriate, is initiated. Owners should be advised of importance of periodic follow-up for all dogs during administration of any NS

WARNINGS. Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans. **For use in dogs only.** Do not use in cats.

All dogs should undergo a thorough history and physical examination before initiation of NSAID therapy. Appropriate laboratory tests to establish hemato ical and serum biochemical baseline data prior to, and periodically during, administration of any NSAID should be considered. **Owners should be advise observe for signs of potential drug toxicity (see Information for Dog Owners a Adverse Reactions).**

ADVERSE REACTIONS: During investigational studies for the caplet formula tion, no clinically significant adverse reactions were reported. Some clinica signs were observed during field studies (n=297) which were similar for carprofen caplet- and placebo-treated dogs. Incidences of the following w observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite (3%), lethargy (1.4%), behavioral changes (1%), and constipation (0.3%). The product vehicle served as control.

During investigational studies for the chewable tablet formulation, gastrointesti signs were observed in some dogs. These signs included vomiting and soft sto

Post-Approval Experience: Although not all adverse reactions are reported, t following adverse reactions are based on voluntary post-approval adverse drug experience reporting. The categories of adverse reactions are listed decreasing order of frequency by body system.

Gastrointestinal: *Vomiting, diarrhea, inappetence, melena, hematemesis, gastrointestinal ulceration, gastrointestinal bleeding, pancreatitis.*

Hepatic: *Inappetence, vomiting, jaundice, acute hepatic toxicity, hepatic enzyme elevation, abnormal liver function test(s), hyperbilirubinemia, hyperbilirubinuria, hypoalbuminemia. Approximately one-fourth of hepatic reports were in Labrador Retrievers.*

Neurologic: *Ataxia, paresis, paralysis, seizures, vestibular signs, disorientati*

Urinary: *Hematuria, polyuria, polydipsia, urinary incontinence, urinary tract infection, azotemia, acute renal failure, tubular abnormalities including acut tubular necrosis, renal tubular acidosis, glucosuria.*

Behavioral: *Sedation, lethargy, hyperactivity, restlessness, aggressiveness.*

Hematologic: *Immune-mediated hemolytic anemia, immune-mediated thromb cytopenia, blood loss anemia, epistaxis.*

Dermatologic: *Pruritus, increased shedding, alopecia, pyotraumatic moist dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecchymosis.*

Immunologic or hypersensitivity: *Facial swelling, hives, erythema.*

In rare situations, death has been associated with some of the adverse reactions listed above.

For a copy of the Material Safety Data Sheet (MSDS) or to report a suspected adverse reaction call Pfizer Animal Health at 1-800-366-5288.

NADA #141-111, Approved by FDA. NADA #141-053, Approved by FDA

TAKE TIME OBSERVE LABEL DIRECTIONS

Pfizer Animal Health

Give your dog relief from arthritis pain, and give your children back their favorite companion.

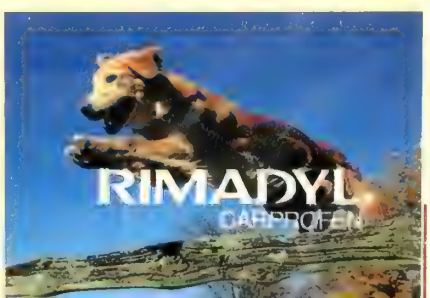




Now in easy-to-give chewable tablets.

Arthritis is a painful disease that can develop in any dog. At any time. So if your dog lags behind when running or playing, seems stiff afterward, or has difficulty climbing stairs, find out how Rimadyl® (carprofen) has provided real relief for over one million dogs with arthritis[1]. As with other pain relievers in this class, rare but serious side effects involving the digestive system, kidneys or liver may occur. Refer to brief summary for important Information for Dog Owners, or call 1-800-720-DOGS.

1 Proprietary market research 1999. Data on file Pfizer Animal Health



Pfizer **Animal Health**

www.rimadyl.com

WHOOPI'S World

Whoopi Goldberg reveals her surprising fear and the secret to her unique personality

By Margie Friedman



Q: Who's your dream square for your show *Hollywood Squares?*

A: Robert De Niro, just because I like being around him. It's not his cup of tea, but he wouldn't even have to say anything. He could just sit next to me, or maybe I could sit on his lap.

Q: You've always said that there is no one else like Whoopi. Where did that uniqueness come from?

A: My mother gave me really smart advice—you can do and be anything if you're willing to deal with how other people respond to you. I was willing to take whatever anybody would dish out for the right to be myself.

Q: You're not the typical Hollywood star. You're not blond, you're not pencil-thin. Just once do you wish they'd give you the steamy love scene?

A: No. I have steamy love scenes at home [with boyfriend Frank Langella], so I don't need to put them in the movies. I'd rather do sci-fi. "Keep the man, give me the monster" is my attitude.

Q: What's the best part about growing older?

A: Grandkids.

Q: What's the worst part about growing older?

A: You can't print the worst part. Shifts in hair color in odd places.

"I have steamy love scenes at home, so I don't need to put them in movies"

Q: You've had some unusual jobs. You were a mortuary cosmetologist and a bricklayer. What did they teach you?

A: That I liked acting better. You do what you have to do to keep going toward whatever it is that you want.

Q: How did you deal with the fact that your daughter had a child at fifteen?

A: The first thing I realized was, okay, I'm the first person she's telling, so our relationship is still intact. Then there was the question of, what do you want to do? Keep it. Okay. Now my granddaughter is going to be ten. She was born on my birthday.

Q: Who makes you laugh?

A: Comedienne Caroline Rhea, Robin Williams, Chris Rock. Richard Pryor, nobody makes me laugh harder. Billy Crystal. I'm easy because I *want* to laugh. I want lightness in the world. I want it to be more fun.

Q: Getting places isn't easy for you. You're afraid of flying. What's the fear?

A: I don't want to die, so I go across country on a bus. Flying is a phobia that I've been fighting for twenty-five years. I don't confront it because I don't want to disturb other people on the plane as I'm weeping on the floor or screaming. It's the only thing I've not been able to lick.

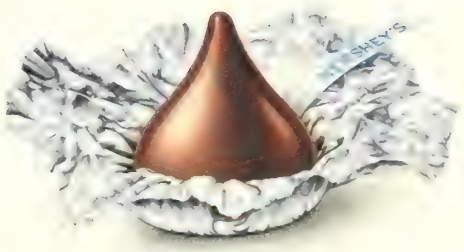
Q: If you could take anybody with you on a cross-country bus trip, who would it be?

A: The late Gandhi and the Dalai Lama. I need to talk to the Dalai Lama. He has answers that I need [in order] to continue on my path. And Gandhi, to ask him what he thinks of everything that's happened, especially in South Africa. I'd also like to sit with Bette Davis on my bus, but only for half the trip because I hear Bette was tough.

Q: When historians look back, what do you want them to say about Whoopi Goldberg?

A: She did everything she could possibly do with great panache. ■

Margie Friedman is a supervising television producer in Los Angeles.



Grand Opening.

HERSHEY'S KISSES

Drug-free, instant relief from stuffiness due to colds and allergies never looked this good.

Now available in Clear



• Spring-like action lifts open stuffy nasal passages. • Look for them in the cold and cough secti

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AT A TIME WHEN MEDICAL MISTAKES ARE ON THE RISE, AND NEW TECHNOLOGY AND TREATMENT OPTIONS ARE CREATING ETHICAL DILEMMAS, IT HAS NEVER BEEN MORE IMPORTANT TO BE INFORMED ABOUT AND INVOLVED IN YOUR HEALTH CARE. THIS SPECIAL GUIDE WILL TEACH YOU EVERYTHING YOU NEED TO KNOW ABOUT BEING A SMARTER, HEALTHIER PATIENT

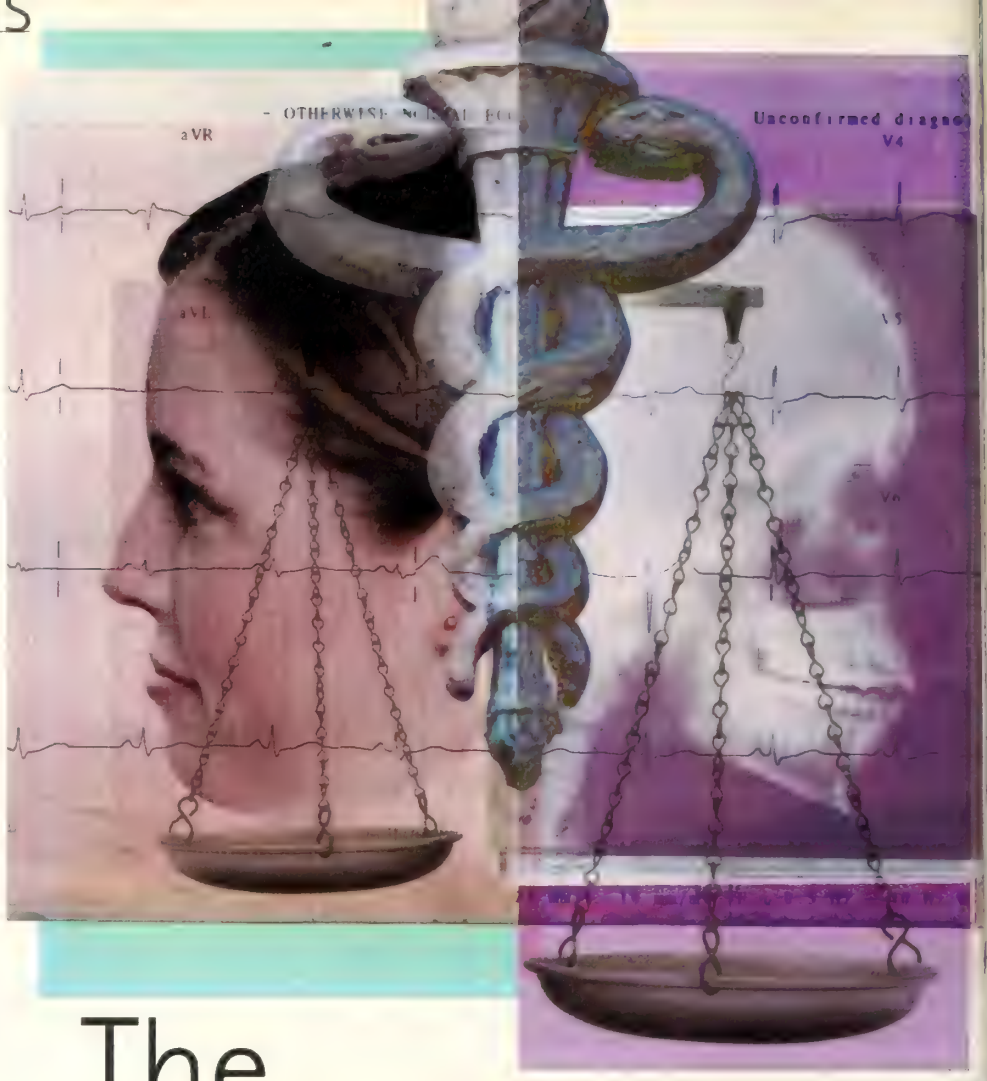












When doctors, families and patients disagree about medical treatment, these three women step in to help make life-and-death decisions

By Peter Korn

The TOUGHEST Choices

AN OBSTETRICIAN REQUESTS A restraining order to keep a woman confined to a hospital against her will. The woman is pregnant and a cocaine addict; the doctor wants to keep her away from drugs that will likely produce severe birth defects.

A SIXTY-FOUR-YEAR-OLD WOMAN wants to conceive a child with her new husband. Citing her age, fertility clinic doctors refuse to help her.

THE DEMAND FOR KIDNEY TRANSPLANTS is so strong that some patients will die while on the waiting list. A donor is found. Next up: a woman who'd already had three transplants but neglected her health.

These are complex cases—and each poses two questions. The first is obvious: What is the most ethical thing to do? But the second is equally important: Who should decide?

Medical technology has advanced at a breathtaking pace. We can diagnose diseases and heal patients in ways unthinkable just a few years ago. Yet our decision-making capabilities haven't kept pace with the technology.

A number of hospitals are consulting bioethicists to help in these difficult situations. Some are philosophers with university credentials, others are doctors, nurses or members of the clergy who have been trained in ethics. But ethics isn't an exact science. And bioethicists are individuals, with their own interests, biases and methods for solving problems.

The three ethicists featured here work at hospitals and assist doctors, families, administrators and patients in making tough choices. All have solid credentials, but the differences between them are striking. Each brings a unique perspective to the gut-wrenching process of doing the ethical thing.

THE PHILOSOPHER

Dena Seiden, Ph.D., fifty-five, can still vividly recall one of her toughest cases. It was *(continued on page 91)*


Beautiful mornings are within your reach.
TYLENOL PM stops your pain and helps you sleep. Gently, safely and it's non-habit-forming. You wake up rested, refreshed, ready to go.
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MAKING SENSE
OUT OF THE
COMPLEXITIES OF
MENOPAUSE.

You may not even know you're losing estrogen, but the symptoms of menopause—
t flashes, night sweats, vaginal dryness—are signs of estrogen loss. Protecting yourself
is important because estrogen loss can lead to *osteoporosis*, a long-term health problem

PREMPRO CAN HELP.

standing menopause and estrogen loss.

're in menopause, significant changes are occurring
your body. The hot flashes, night sweats, and vaginal
ss you may be experiencing are the signs that your
is producing less estrogen. PREMPRO can relieve these
toms and help you feel better.

if you have only mild hot flashes or night sweats, or
ips none at all, you are still losing estrogen during
pause, and that can lead to osteoporosis, which can
t your future health. Many women begin to lose bone
early in menopause. In fact, a woman can lose up to
of her bone mass in the first 5 to 7 years after
pause begins, which could contribute to future fractures.

**MPRO offers proven health benefits during and
r menopause.**

MPRO, hormone replacement therapy, is prescribed for
hen who have not had a hysterectomy to relieve the
mfortable symptoms of menopause. Other forms of
acement therapy may be appropriate for women who
e had a hysterectomy.

MPRO is proven to relieve the hot flashes that can disrupt
r days. It also alleviates the night sweats that can
rrupt your sleep, which may leave you tired and irritable
next day. With PREMPRO, you should stop experiencing
se symptoms, often within days of starting therapy.

hin weeks, PREMPRO can ease the discomfort of vaginal
ness that can make sexual intimacy uncomfortable.
l importantly, studies have shown that PREMPRO,
g with calcium and exercise, helps to protect against
oporosis by preventing early bone loss and reducing
and wrist fractures by approximately 60%.

gle-tablet PREMPRO.

blend of multiple estrogens in PREMPRO is the same
d in one of the most widely studied of all estrogen
ducts. With PREMPRO, you can feel confident you are
ing the same blend of estrogens that women and
r doctors have trusted for over 55 years combined
n a progestin in one, convenient tablet.

There can be side effects with PREMPRO.

Estrogen can increase the risk of cancer of the uterus. Progestin combined with estrogen, as in PREMPRO, reduces this risk. Women who have had a hysterectomy do not have this risk. PREMPRO contains progestin, which may have unfavorable effects on blood sugars and may worsen a diabetic condition. Side effects of PREMPRO include blood clots, nausea, abdominal pain, breast tenderness, irregular bleeding, headache, and hair loss.

PREMPRO is not for every woman.

You should not take PREMPRO if you have had any breast or uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, liver or heart disease, stroke, or if you think or know you are pregnant. Pregnant women should not take PREMPRO because of possible risk to the fetus. Tell your doctor about your personal and family medical history.

Protect your health now with PREMPRO.

Now, more women than ever are taking an active role in their own health care. If you are in menopause, there's no better time to ask your doctor if PREMPRO is right for you. Taking PREMPRO today can relieve your uncomfortable symptoms, and may help protect you from osteoporosis. For more information, talk to your doctor or other health care provider now about the proven benefits of PREMPRO. Or call **1-800-753-1174**, or visit our Web site at **www.Prempro.com**

Please see the important information on the following page.

PREMPRO™

(conjugated estrogens/medroxyprogesterone acetate tablets)

0.625 mg/2.5 mg

You can be in the early stages of osteoporosis and not even know it. Ask your doctor about tests for osteoporosis, such as a Bone Mineral Density test. And ask how PREMPRO can help prevent this serious disease.

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

[illegible] AND PREMPHASE

(conjugated estrogens/medroxyprogesterone acetate tablets)

Your physician has prescribed PREMPRO or PREMPHASE, a combination of 2 hormones, an estrogen and a progestin. This summary describes the major benefits and risks of your treatment, as well as how and when treatment is used.

PREMPRO and PREMPHASE replace the hormones in your body which naturally decrease at menopause. The hormone combination you will be taking has been shown to provide the benefits of estrogen replacement therapy while lowering the frequency of a possible precancerous condition of the uterine lining. This therapy is not intended for women who have had a hysterectomy (surgical removal of the uterus).

Estrogens have several important uses but also some risks. You must decide, with your doctor, whether the risks of estrogens are acceptable when weighed against their benefits. The length of treatment with estrogens can vary from woman to woman. Check with your doctor to make sure you are using the lowest possible effective dose.

With PREMPRO or PREMPHASE therapy several menstrual-like bleeding patterns may occur. These may range from absence of bleeding to irregular bleeding. If bleeding occurs, it is frequently light spotting or moderate menstrual-like bleeding, but it may be heavy. If you experience vaginal bleeding while taking PREMPRO or PREMPHASE, you should discuss your bleeding pattern with your doctor and set up an appropriate schedule for [illegible].

USES OF ESTROGEN

To reduce moderate to severe menopausal symptoms. Estrogens are hormones produced by the ovaries of normal women. When a woman is between the ages of 45 and 55, the ovaries normally stop making estrogens. This leads to a drop in body estrogen levels that causes the "change of life" or menopause (the end of monthly menstrual periods). A sudden drop in estrogen levels also occurs if both ovaries are removed during an operation before natural menopause takes place. This is referred to as "surgical menopause."

When the estrogen levels begin dropping, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck, and chest, or sudden intense episodes of heat and sweating ("hot flashes" or "hot flushes"). Using estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. In some women the symptoms are mild, in others they can be severe. These symptoms may last only a few months or longer. Taking PREMPRO or PREMPHASE can alleviate these symptoms. If you are not taking hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO or PREMPHASE only as long as you need it for relief from your menopausal symptoms.

To prevent thinning of bones. Osteoporosis is a thinning of the bones that makes them weaker and allows them to break more easily. The bones of the spine, wrists, and hips break most often in osteoporosis. Both men and women start to lose bone mass after about age 40, but women lose bone mass faster after the menopause. Using estrogens after the menopause slows down bone thinning and may prevent bones from breaking. Lifelong adequate calcium intake, either from diet (such as dairy products) or from calcium supplements (to reach a total daily intake of 1,000 milligrams per day before menopause or 1,500 milligrams per day after menopause), may help to prevent osteoporosis. Regular weight-bearing exercise (like walking and running for an hour, 2 or 3 times a week) may also help to prevent osteoporosis. Before you change your calcium intake or exercise habits, it is important to discuss these lifestyle changes with your doctor to find out if they are safe for you.

Since estrogen use has some risks, only women who are likely to develop osteoporosis should use estrogens for prevention. Women who are likely to develop osteoporosis often have the following characteristics: White or Asian race, small, slim body frame, cigarette-smoking habit, family history of osteoporosis (in a mother, sister, or aunt), early menopause either natural or because of surgical removal of ovaries ("surgical menopause").

To treat vulvar and vaginal atrophy (itching, burning, dryness in or around the vagina, difficulty or burning on urination) associated with menopause.

WHO SHOULD NOT USE ESTROGENS

During pregnancy. If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor. Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have any circulation problems. Estrogen drugs should not be used except in unusually special situations in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with abnormal blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term estrogen use may have serious risks.

After childbirth or when breastfeeding a baby. Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**). If you are breastfeeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus. If you use any drug which contains estrogen, it is important to visit your doctor regularly and report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause.

The risk of cancer of the uterus increases when estrogens are used alone, the longer they are used, and when larger doses are taken. There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure. The hormone combination you will be taking contains estrogen and progestin. This combination has been shown to provide the benefits of estrogen replacement therapy for the **USES OF ESTROGEN** listed above, while reducing the risk of a precancerous condition of the uterine lining (see **OTHER INFORMATION,** below).

However, additional risks may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include less favorable effects on blood fats as compared to Premarin® (conjugated estrogens tablets, USP) alone, unfavorable effects on blood sugars, and a possible increase in breast cancer risk (see *Cancer of the breast*, below). Usually, the smaller the dose and the shorter the duration of treatment, the more these effects are minimized. Check with your doctor to make sure you are using the lowest effective dose and only for as long as you need it.

If you have had your uterus removed, there is no risk of developing cancer of the uterus and no benefit to be gained by using a combination estrogen/progestin product.

Cancer of the breast. Most studies have not shown a higher risk of breast cancer in women who have ever used estrogens. However, some studies have reported that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years), or who used shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone, not. Regular breast examinations by a health professional and monthly self-examination are recommended women. Regular mammograms are recommended for all women over 50 years of age.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may cause changes in your blood clotting system. They allow the blood to clot more easily, possibly allowing clots to form in your bloodstream. If blood clots your bloodstream, they can cut off the blood supply to vital organs, causing serious problems. These include a stroke (by cutting off blood to the brain), a heart attack (by cutting off blood to the heart), embolus (by cutting off blood to the lungs), or other problems. Any of these conditions may cause serious long-term disability.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this drug first four months of pregnancy. Several reports suggest an association between mothers who take these first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the male possibility of being born with a condition in which the opening of the penis is on the underside rather of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester. These drugs have been used as a test for pregnancy, but such use is no longer considered safe because damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. PREMPRO or PREMPHASE and later find you were pregnant when you took it, be sure to discuss this with tor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or use: Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen. Yellowing of the skin and of the eyes. Breast tenderness or enlargement. Enlargement of benign tumors ("fibroids") of the uterus. bleeding or spotting. Change in amount of cervical secretion. Vaginal yeast infections. Retention of (this may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney spotty darkening of the skin, particularly on the face; reddening of the skin; skin rashes. Worsening Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lens depression. Involuntary muscle spasms. Hair loss or abnormal hairiness. Increase or decrease in weight in sex drive. Possible changes in blood sugar.

REDUCING THE RISKS OF ESTROGEN/PROGESTIN

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring treatment.

See your doctor regularly. While you are taking PREMPRO or PREMPHASE, it is important to visit your least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need uation. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate whether or not you still need at least every 6 months.

Be alert for signs of trouble. If any of these warning signals (or any other unusual symptoms) happen are using estrogen/progestin, call your doctor immediately:

- Abnormal bleeding from the vagina (possible uterine abnormality).
- Pains in the calves or chest, a sudden shortness of breath or coughing blood (indicating possible clots heart, or lungs).
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numb arm or leg (indicating possible clots in the brain or eye).
- Breast lumps (possible breast cancer; ask your doctor or health professional to show you how to exa breasts monthly).
- Yellowing of the skin and/or whites of the eyes (possible liver problems).
- Pain, swelling, or tenderness in the abdomen (possible gallbladder problem).

OTHER INFORMATION

1. Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to ca lining of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of deve condition. Therefore, since your uterus has not been removed, your doctor has prescribed PRE PREMPHASE, which includes both a progestin and estrogens.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on bl which might make a diabetic condition worse. Additional risks include a possible further increase in bre risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against develo disease. However, this is not certain. The protection shown may have been caused by the characteris estrogen-treated women and not by the estrogen treatment itself. In general, treated women were slim physically active, and were less likely to have diabetes than the untreated women. These characteristics to protect against heart disease.

You are cautioned to discuss very carefully with your doctor or health care provider all th ble risks and benefits of long-term estrogen and progestin treatment as they affect you pe

2. Your doctor has prescribed this drug for you and you alone. Do not give the drug to anyone else.

3. If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check doctor about the amounts recommended.

4. Keep this and all drugs out of the reach of children. In case of overdose, call your doctor, hospital, control center immediately.

5. This summary provides the most important information about PREMPRO and PREMPHASE. If you wa more, ask your doctor or pharmacist to let you read the professional labeling. The professional labeling is lished in a book called the *Physicians' Desk Reference*, which is available in bookstores and public librar

Keep out of reach of children.

CI 5057-2 Revised June

WAPR-0609

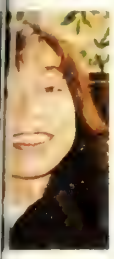
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GHOST CHOICES

rom page 86



November 1993, two days before Thanksgiving, and Seiden was caught in a classic ethics dilemma: the good of one patient versus many.

; in the patient's room in a rk City hospital, she was talk- the mother and sister of a ır-year-old woman who was he patient, Maria*, was un- ıs, in the last stage of AIDS. ions were keeping her alive, hospital's blood supplies were low. The mother and sister ld Seiden to convince physi-) continue the transfusions, they knew the treatments prolong Maria's life for no an a few days.

ıwhile, in the hospital's emer- oom, seven people who'd been injured in a multicar accident esperately in need of transfu- Seiden headed for her fourth- ffice. "I knew I couldn't make ision with the two women cry- front of me," Seiden recalls. ıours later she returned with doctor and they told the moth- ould be painful and cruel to pro- aria's life through transfusions.

le nothing can truly prepare a for such a daunting decision, has had years of training. The ember of her family to graduate , she has a Ph.D. in ethics. The s on her waistband—one for st Hospital Center in Queens, York, the other for St. Clare's l in Manhattan—keep her close patients.

ough other ethicists only confer octors and guide hospital ethics ttees, Seiden joins physicians at dside. "I'm a working-stiff ethi- she says. When not teaching l ethics at New York University e New School for Social Re- she walks the hospital halls, g at charts, talking to doctors, and patients. She still feels the *has been changed.*

resistance of many of the older physicians who don't like working with ethicists, and there are days she feels worn down.

Doctors, of course, must focus on healing. But Seiden believes that some will, over time, be able to fully consider the ethical perspectives of care. Others may never change. "You can talk until you're blue in the face," she says. "They have been trained one way and we've been trained another."

About 60 percent of her cases involve end-of-life issues. She recalls a recent case of a man who kept his terminally ill father on a respirator for two months. Almost all of the hospital physicians, Seiden says, wanted to allow the man to die, but the son adamantly refused. Before he lost consciousness, the patient had told Seiden he did not want to be kept alive. Seiden confronted the son and said the hospital would eventually take him to court if he did not relent and allow his father to die. The respirator was disconnected.

When the decision involves suspending life support, Seiden stays through the end, if the family consents. She estimates she has watched over one hundred and fifty patients die. "I don't want to forget what it's like," she says. "I don't want to forget the consequences of my consultation."

THE NUN



As director of the Center for Clinical Bioethics at Georgetown University Medical Center, in Washington, D.C., Carol Taylor, C.S.F.N., R.N., Ph.D., forty-eight, brings an unusual perspective to her work. She is both a nurse and a nun. "It was a match made in heaven," says Taylor, with a trace of a smile. She entered a Philadelphia convent after high school in Pottsville, Pennsylvania, and shortly thereafter earned her nursing degree. "I love helping people, and nursing involves you in the edges of life—the beginning and end."

Early in her career, she *(continued)*

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(continued) was fascinated by the decisions being made by the medical staff, the patients and their families at the Philadelphia hospitals where she worked. Her interest led to a Ph.D. in philosophy with a concentration in bioethics in 1999. She was appointed director of the center.

Taylor sees her roles as bioethicist, nurse, teacher and nun as compatible. Her Catholic theology usually supports her philosopher's reasoning on cases. Her training as a nurse, she believes, makes her especially sensitive to clinicians, as well as to patient and family needs. In fact, many ethicists view nurses as a hospital's first line of defense against unethical treatment. Patients reveal their feelings to R.N.s more often than to doctors, and nurses are frequently the ones who call in ethicists when there is a conflict over what is to be done. Sometimes, patients make Taylor think twice about her own beliefs.

Recently, she consulted on a case in which a father and one daughter sought to have another daughter, an adult with Down's syndrome, sterilized. The woman had already miscarried once. The mother, however, did not want to have the woman sterilized. The family was Catholic, and a priest had told her that the Church forbade sterilization.

Whatever decision was to be made, Taylor wanted the entire family to be at peace with it. She contacted Catholic theologians who supported each side of the issue and presented their arguments to the family.

Unlike Dena Seiden, Taylor has no idea what decision they made. In some cases, she does learn the outcome, but not always. She sees her role as helping others clarify their thoughts and feelings, and then withdrawing to let them make the choice with the help of their physician.

Then there was the case of a Catholic woman contemplating her second attempt at in vitro fertilization. She knew the Church prohibits many types of in vitro, and her first attempt had created more of a dilemma than she'd anticipated. Fertility drugs had helped her produce twelve eggs in one cycle; eight were successfully fertilized. She'd then had to choose how many to implant and how many to freeze. Now she was facing the same difficult choice; although there were four embryos still frozen, she was told that the odds of conception would be greater if fresh eggs were used.

When the decision involves suspending life support, Seiden offers to stay with the patient until the end. "I don't want to forget the consequences of my consultation," she says

It wasn't long into the conversation before Taylor realized the woman knew the Church's position on this procedure. "Why are you talking to me?" she asked. "Have you prayed about this?"

"No; I'm afraid of what I might hear," the woman replied.

"Well, I think that's the answer," Taylor said. "My role is not to replace conscience."

Stopping for a moment as she retells the story, Taylor says, "I help people form conscience. But then the decision is theirs to make."

THE COUNSELOR

Vicki Michel, fifty-nine, a consultant in bioethics and law in Los Angeles, has been an attorney and a family



therapist. But there's no question about which of her specialties is more useful now. "My background as a therapist has shaped the way I work," she says. "When you're called in to deal with a case, usually there's been a communication problem between physicians and nurses or family members or patients. The majority of the time it is not a true ethical dilemma."

One of the most challenging cases of her career occurred in a small southern California town. A young child had been brought in—clearly a victim of abuse from a relative—and was pronounced brain dead. A ventilator was keeping the child's organs functioning. The child's parents, distraught, exacted a promise from doctors that they would be consulted before the machine was disconnected.

Weeks passed. The doctors wanted to disconnect the ventilator, but the parents refused to accept this. Then rumors made their way through the town that the hospital was planning to kill a small child. "The whole place was in an uproar," Michel remembers. And the hospital administration was caught in the middle.

By the time she was called in, the situation had turned adversarial—the parents had hired a lawyer to keep their child on the ventilator. Because there was litigation involved, Michel never spoke to the parents. Instead, she worked with the physicians, nurses, hospital administrators and social workers. They understood that turning off the ventilator was not killing the child, yet some felt divided over the problem of breaking the promise the doctors had made to the parents.

Turning off the ventilator was not a treatment decision, but an administrative act, Michel concluded. A line had to be drawn. Two days later, the ventilator was turned off, *(continued)*



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e is additional important information about Glucophage you should know. The most serious side effect associated with Glucophage is d lactic acidosis, which is rare and has occurred in one in 33,000 patients on Glucophage over the course of one year. If lactic acidosis rs, it can be fatal in up to half the cases. You should not take Glucophage if you have kidney disease or dysfunction, if you are 80 or r (unless you have first had your kidneys tested), if you are taking medication for congestive heart failure, if you have a history of liver se, or if you drink alcohol excessively. The most common side effects are minor ones such as diarrhea, nausea, and upset stomach, h usually occur during the first few weeks on Glucophage. Please see additional important patient information on the next page.

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Rx only

PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg, 850 mg, and 1000 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 10-14)

Q1. Why do I need to take GLUCOPHAGE?
Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?
People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?
Studies have shown that good control of blood sugar can prevent or delay complications such as blindness.

Q4. How is type 2 diabetes usually controlled?
High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOPHAGE work differently from other glucose-control medications?
Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q6. What happens if my blood sugar is still too high?
When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q7. Why would I take GLUCOPHAGE if I am already on insulin?
Because adding GLUCOPHAGE to insulin can help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Q8. Can GLUCOPHAGE cause side effects?
GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

Q9. What kind of side effects can GLUCOPHAGE cause?
If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q10. Are there any serious side effects that GLUCOPHAGE can cause?
GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q11. What is lactic acidosis and can it happen to me?
Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acid- ciated with GLUCOPHAGE is rare and has occurred mostly in people whos were not working normally. Lactic acidosis has been reported in about one patients taking GLUCOPHAGE over the course of a year. Although rare, if lac sis does occur, it can be fatal in up to half the cases.

It's also important for your liver to be working normally when you take GLUC Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests on you to time to make sure your kidneys and your liver are functioning normally.

There is no evidence that GLUCOPHAGE causes harm to the kidneys or live

Q12. Are there other risk factors for lactic acidosis?
Your risk of developing lactic acidosis from taking GLUCOPHAGE (metformin hy ride tablets) is very low as long as your kidneys and liver are healthy. Howe factors can increase your risk because they can affect kidney and liver func should discuss your risk with your physician. You should not take GLUCOPHA

- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with medications, e.g. (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge" drinking)
- You are seriously dehydrated (have lost a large amount of body fluids)
- You are going to have certain x-ray procedures with injectable contrast ag
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection, or
- You are ≥ 80 years of age and have NOT had your kidney function tested.

Q13. What are the symptoms of lactic acidosis?
Some of the symptoms include: feeling very weak, tired or uncomfortable; muscle pain, trouble breathing, unusual or unexpected stomach discomfort cold, feeling dizzy or lightheaded, or suddenly developing a slow or irregular he

If you notice these symptoms, or if your medical condition has suddenly c stop taking GLUCOPHAGE and call your doctor right away. Lactic acidosis is a emergency that must be treated in a hospital.

Q14. What does my doctor need to know to decrease my risk of lactic ac
Tell your doctor if you have an illness that results in severe vomiting, diarrhe fever, or if your intake of fluids is significantly reduced. These situations can severe dehydration, and it may be necessary to stop taking GLUCOPHAGE tem

You should let your doctor know if you are going to have any surgery or spe x-ray procedures that require injection of contrast agents. GLUCOPHAGE ther need to be stopped temporarily in such instances.

Q15. Can I take GLUCOPHAGE with other medications?
Remind your doctor that you are taking GLUCOPHAGE when any new drug is pre or a change is made in how you take a drug already prescribed. GLUCOPHA interfere with the way some drugs work and some drugs may interfere with the of GLUCOPHAGE.

Q16. What if I become pregnant while taking GLUCOPHAGE?
Tell your doctor if you plan to become pregnant or have become pregnant. As wit oral glucose-control medications, you should not take GLUCOPHAGE during pre

Usually your doctor will prescribe insulin while you are pregnant. As with a ications, you and your doctor should discuss the use of GLUCOPHAGE if you ar ing a child.

Q17. Are there other risks associated with GLUCOPHAGE?
There is some evidence that any oral diabetes drug may increase the risk o problems. Experts are not sure what the real risk is for heart problems, if an taking oral diabetes medicine.

Q18. How do I take GLUCOPHAGE?
Your doctor will tell you how many GLUCOPHAGE tablets to take and how ofte should also be printed on the label of your prescription. You will probably be sta a low dose of GLUCOPHAGE and your dosage will be increased gradually un blood sugar is controlled.

Q19. Where can I get more information about GLUCOPHAGE?
This leaflet is a summary of the most important information about GLUCOPHAGE have any questions or problems, you should talk to your doctor or other heal provider about type 2 diabetes as well as GLUCOPHAGE and its side effects. Th also a leaflet (package insert) written for health professionals that your pharmac let you read.

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CUGHEST CHOICES

parents acquiesced.
like this are challenging work
e-time zoology major who de-
a career in family counseling
, then in juvenile dependency
ne fifteen years later. During
year of law school, Michel as-
county bioethics committee on
nvolving a three-year-old boy
support. In the process, she
new career.
then she has held a number of
nsulting at hospitals on difficult
and teaching bioethics and
care law. Along the way she's
oped a specialty in teaching
-care professionals about how
nt ethnic groups think about
care, helping physicians under-
and communicate better with
s and their families.
tural nuances can take many
Recently Michel consulted at a
al that treated many Jehovah's
esses—a religion that forbids
transfusions. Some physicians
ealt with these patients by letting
bleed until they became uncon-
, then starting a transfusion. The
rs told Michel that patients had
confiding in them, saying they
lly did want treatment, despite
objections.
ie physicians explained that they
urdened because they could nev-
certain which patient's objec-
were inviolate and which simply
gatory. Michel's solution was to
the doctors off the ethical hot seat
naking the hospital's position per-
y clear to patients. She suggested
as soon as a Jehovah's Witness was
itted, he or she be shown a writ-
policy statement saying that the
ital would respect the patient's
t to refuse a blood transfusion.
ther or not the person signed, the
ors would suffer no more second-
sing. In truth, Michel suspects the
icians still prefer to give the trans-
ns, despite her advice—and that's
with her.
You don't always get it right," she
"but if you show people respect
can forgive you a lot." ■

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When Doctors Make **MISTAKES**

Every year, tens of thousands of patients in the United States die as a result of medical errors. Here, how to protect yourself and your family

By Peter Korn

What Patsy McDonald most clearly recalls about the 1997 accident is her sport-utility vehicle (SUV) rolling over into a ditch. Patsy emerged unscathed. Her daughters, Sally, nine, and Kelsey, eight, weren't so lucky. The SUV had slammed into a fence post, hitting Kelsey in the left arm and chest and striking Sally's face. A Medevac helicopter flew Kelsey to a nearby university hospital; Sally, whose injuries appeared less life-threatening, was taken by ambulance.

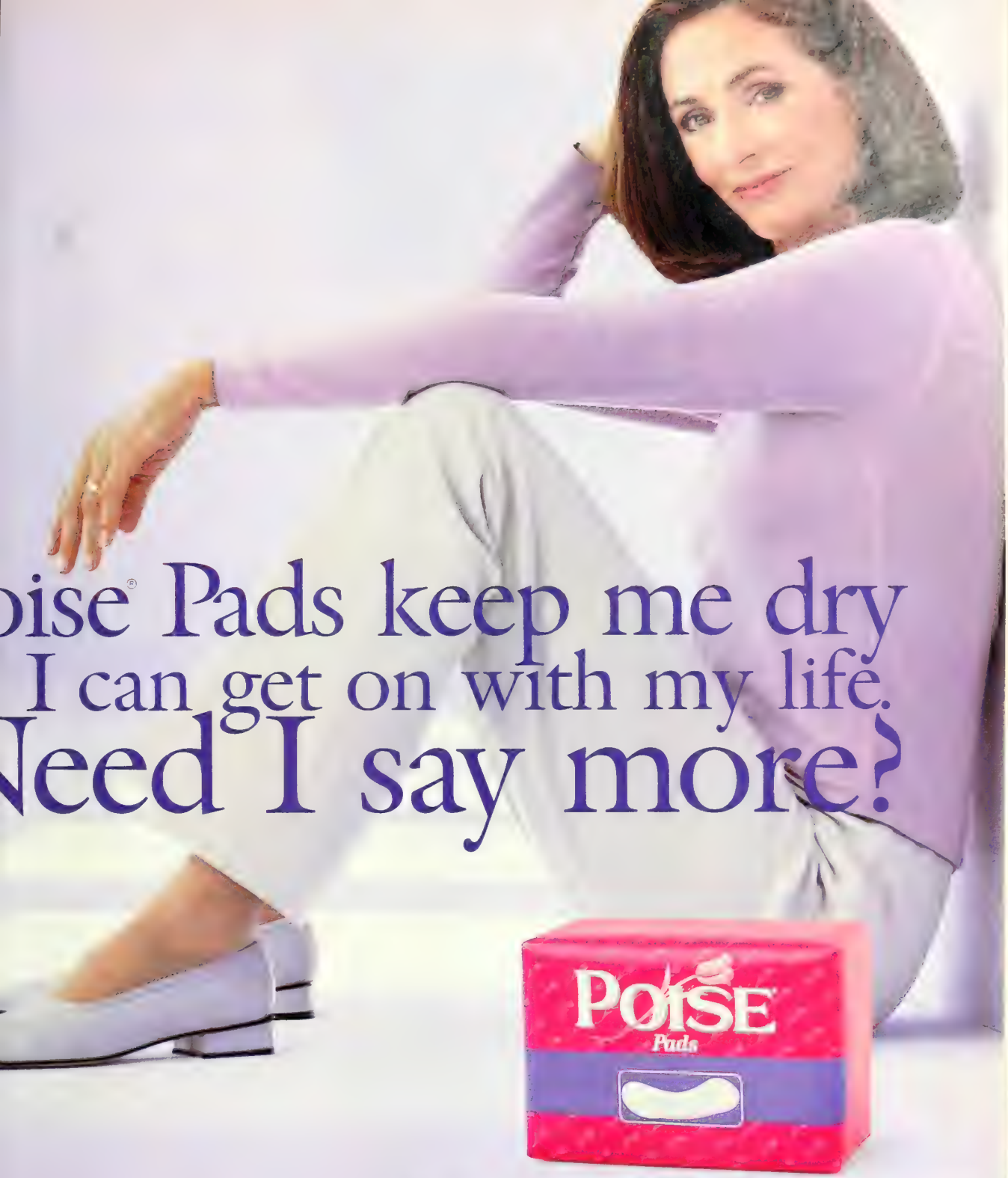
Kelsey's left arm was fractured; a large chunk of wood from the fence post was lodged in her chest. Sally suffered a collapsed lung and severe damage to her mouth.

During a checkup a few days after Kelsey was released from the hospital, an orthopedic surgeon discovered that she had a broken right arm. She had complained of discomfort at the hospital, but the doctors—and her parents—distracted by her more serious injuries, assumed that it was an IV that was causing the pain. Upset, McDonald, then forty-two, called the hospital pediatric surgeon who had missed the fracture to tell him about it. She recalls that he apologized at length, admitting that he should have taken Kelsey's complaints more seriously.

While in the hospital and later at home, Sally began to suffer from severe mouth pain. McDonald took her to a local dentist, *(continued)*



Patsy McDonald was furious when hospital dentists wouldn't take responsibility for failing to detect splinters in the mouth of her daughter, Sally. (Ironically, Sally recently injured her arm)



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(continued) who diagnosed an infection. The cause: splinters that the hospital staff hadn't removed. The family later found out that the two dentists and the resident dentist who assisted them didn't know that the accident Sally had been in involved a fence post. They saw her gaping wound, and said it seemed to be healing normally.

When McDonald learned of the infection, she phoned the pediatric surgeon, who said he would talk to the dentists and have them get in touch with her. She also called the hospital's patient representative to find out how such a mistake could have happened. She waited to hear from the dentists. And waited. Then she sent letters to the hospital's chief of staff and the president of the university. A few weeks later, a letter arrived from one of the dentists stating that he was sorry "Sally has had such a difficult time with her injuries." Outraged, McDonald hired a lawyer and sued the dentists for $3 million. "They wouldn't take responsibility," she fumes. (The case was settled out of court.)

She did not sue the doctor who missed Kelsey's broken bone. His apology was enough.





At Florida's Martin Memorial Health System, Doni Haas (above) investigates medical errors. Albert Wu, M.D. (below), of Johns Hopkins University, conducted a study on doctors' admitting mistakes

A CULTURE OF SILENCE

As the McDonalds learned, medical mistakes are frighteningly common. According to a report released last November by the Institute of Medicine (IOM) of the National Academy of Sciences, medical error kills 44,000 to 98,000 Americans in hospitals every year. It is the country's eighth-leading cause of death, killing more people than highway accidents, breast cancer or AIDS. In addition, a recent study at Johns Hopkins University, in Baltimore, revealed that thousands of cancer cases are misdiagnosed every year.

In hospital environments, anything can happen, says Stephen McPhee, M.D., an internist and professor of medicine at the University of California, San Francisco Medical School. Events can unfold rapidly and unpredictably, especially in emergency rooms and intensive-care units. Often the data needed for a decision are not readily available; and physicians are working under great stress. And there are many opportunities for error—the average intensive-care patient receives 178 "activities" per day, from changing bandages to administering drugs.

According to the IOM report, more than seven thousand Americans die each year from medication mistakes. And these are only the errors that are reported. Zane Wolf, Ph.D., R.N., dean of the School of Nursing at LaSalle University, in Philadelphia, says many—if not most—mistakes never get revealed. "It's sort of a tip of the iceberg idea," she explains. "If the patient doesn't show symptoms, a lot of times it never gets disclosed."

"There's always a selfish motive that pleads against disclosing," adds Albert Wu, M.D., associate professor of health policy and management at the Johns Hopkins School of Public Health, in Baltimore. In a 1991 study of physicians, Wu and his colleagues found that only one in five admitted serious mistakes to their patients for fear of lawsuits, lost licenses and other negative outcomes.

But Wu is convinced malpractice lawsuits are less likely when physicians are honest with patients. In any given year, 13 percent of doctors will be sued for malpractice. "The number-one reason people sue is they want an explanation and they can't get it any other way," Wu says. "But physicians don't believe it."

A BETTER APPROACH

In recent years, stories of seriously harmful and even fatal medical mistakes have made national headlines. In 1994, when Betsy Lehman, a thirty-nine-year-old breast cancer patient and health columnist for *The Boston Globe*, died after receiving four times the proper dose of a chemotherapy drug, her colleagues at the paper made sure the case received the publicity it deserved. When a surgeon amputated the wrong lower leg of a patient in Tampa, Florida, in 1995, the media jumped on the case. Each incident was tragic, and public reaction fell somewhere between disgust and collective head shaking.

And then came Ben Kolb, a soccer-playing seven-year-old with a chronic ear condition. In December 1995, he went into Martin Memorial *(continued)*

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*calculated on the anhydrous basis

BRIEF SUMMARY (For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE NASONEX Nasal Spray, 50 mcg is indicated for the treatment of the nasal symptoms of seasonal allergic and perennial allergic rhinitis, in adults and pediatric patients 3 years of age and older. NASONEX Nasal Spray, 50 mcg is indicated for the prophylaxis of the nasal symptoms of seasonal allergic rhinitis in adult and adolescent patients 12 years and older. In patients with a known seasonal allergen that precipitates nasal symptoms of seasonal allergic rhinitis, initiation of prophylaxis with NASONEX Nasal Spray, 50 mcg is recommended 2 to 4 weeks prior to the anticipated start of the pollen season. Safety and effectiveness of NASONEX Nasal Spray, 50 mcg in pediatric patients less than 3 years of age have not been established.

CONTRAINDICATIONS Hypersensitivity to any of the ingredients of this preparation contraindicates its use.

WARNINGS The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal, ie, joint and/or muscular pain, lassitude, and depression. Careful attention must be given when patients previously treated for prolonged periods with systemic corticosteroids are transferred to topical corticosteroids, with careful monitoring for acute adrenal insufficiency in response to stress. This is particularly important in those patients who have associated asthma or other clinical conditions where too rapid a decrease in systemic corticosteroid dosing may cause a severe exacerbation of their symptoms.

If recommended doses of intranasal corticosteroids are exceeded or if individuals are particularly sensitive or predisposed by virtue of recent systemic steroid therapy, symptoms of hypercorticism may occur, including very rare cases of menstrual irregularities, acneiform lesions, and cushingoid features. If such changes occur, topical corticosteroids should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Persons who are on drugs which suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in nonimmune children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS General: Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients (see **PRECAUTIONS, Pediatric Use** section). In clinical studies with NASONEX Nasal Spray, 50 mcg, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, use of NASONEX Nasal Spray, 50 mcg should be discontinued and appropriate local or systemic therapy instituted, if needed.

Nasal corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract, or in untreated fungal, bacterial, systemic viral infections, or ocular herpes simplex.

Rarely, immediate hypersensitivity reactions may occur after the intranasal administration of mometasone furoate monohydrate. Extreme rare instances of wheezing have been reported.

Rare instances of nasal septum perforation and increased intraocular pressure have also been reported following the intranasal application of aerosolized corticosteroids. As with any long-term topical treatment of the nasal cavity, patients using NASONEX Nasal Spray, 50 mcg over several months or longer should be examined periodically for possible changes in the nasal mucosa.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septum ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Glaucoma and cataract formation was evaluated in one controlled study of 12 weeks' duration and one uncontrolled study of 12 months' duration in patients treated with NASONEX Nasal Spray, 50 mcg at 200 mcg/day, using intraocular pressure measurements and slit lamp examination. No significant change from baseline was noted in the mean intraocular pressure measurements for the 141 NASONEX-treated patients in the 12-week study, as compared with 141 placebo-treated patients. No individual NASONEX-treated patient was noted to have developed a significant elevation in intraocular pressure or cataracts in this 12-week study. Likewise, no significant change from baseline was noted in the mean intraocular pressure measurements for the 139 NASONEX-treated patients in the 12-month study and again, no cataracts were detected in these patients. Nonetheless, nasal and inhaled corticosteroids have been associated with the development of glaucoma and/or cataracts. Therefore, close follow-up is warranted in patients with a change in vision and with a history of glaucoma and/or cataracts.

When nasal corticosteroids are used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, NASONEX Nasal Spray, 50 mcg should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Information for Patients: Patients being treated with NASONEX Nasal Spray, 50 mcg should be given the following information and instructions. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all intended or possible adverse effects. Patients should use NASONEX Nasal Spray, 50 mcg at regular intervals (once daily) since its effectiveness depends on regular use. Improvement in nasal symptoms of allergic rhinitis has been shown to occur within 11 hours after the first dose based on one single-dose, parallel-group study of patients in an outdoor "park" setting (park study) and one environmental exposure unit (EEU) study and within 2 days after the first dose in two randomized, double-blind, placebo-controlled, parallel-group seasonal allergic rhinitis studies. Maximum benefit is usually achieved within 1 to 2 weeks after initiation of dosing. Patients should take the medication as directed and should not increase the prescribed dosage by using it more than once a day in an attempt to increase its effectiveness. Patients should contact their physician if symptoms do not improve, or if the condition worsens. To assure proper use of this nasal spray, and to attain maximum benefit, patients should read and follow the accompanying Patient's Instructions for Use carefully.

Patients should be cautioned not to spray NASONEX Nasal Spray, 50 mcg into the eyes or directly onto the nasal septum.

Persons who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles, and patients should also be advised that if they are exposed, medical advice should be sought without delay.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year carcinogenicity study of Sprague Dawley rats, mometasone furoate demonstrated no statistically significant increase of tumors at inhalation doses up to 67 mcg/kg (approximately 3 and 2 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m^2 basis). In a 19-month carcinogenicity study of Swiss CD-1 mice, mometasone furoate demonstrated no statistically significant increase in the incidence of tumors at inhalation doses up to 160 mcg/kg (approximately 4 and 3 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m^2 basis).

At cytotoxic doses, mometasone furoate produced an increase in chromosome aberrations *in vitro* in Chinese hamster ovary-cell cultures in the nonactivation phase, but not in the presence of rat liver S9 fraction. Mometasone furoate was not mutagenic in the mouse-lymphoma assay and the *Salmonella/E coli*/mammalian microsome mutation assay, a Chinese hamster lung cell (CHL) chromosomal-aberrations assay, an *in vivo* mouse bone-marrow erythrocyte-micronucleus assay, a rat bone-marrow clastogenicity assay, and the mouse male germ-cell clastogenicity assay. Mometasone furoate also did not induce unscheduled DNA synthesis *in vivo* in rat hepatocytes.

In reproductive studies in rats, impairment of fertility was not produced by subcutaneous doses up to 15 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). However, mometasone furoate caused prolonged gestation, prolonged and difficult labor, reduced offspring survival, and reduced maternal body weight gain at a dose of 15 mcg/kg.

Pregnancy: ***Teratogenic Effects: Pregnancy Category C:*** Mometasone furoate caused cleft palate in mice at subcutaneous doses of 60 mcg/kg and above (approximately 2 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). Offspring survival was reduced in the 180-mcg/kg group (approximately 4 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). No such effects were observed at 20 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

In rabbits, mometasone furoate caused flexed front paws at a topical dermal dose of 150 mcg/kg (approximately 14 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

In rats, mometasone furoate produced umbilical hernia, cleft palate, and delayed ossification at a topical dermal dose of 600 mcg/kg (approximately 30 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). At 1200 mcg/kg (approximately 60 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), microphthalmia, umbilical hernias, and delayed ossification were observed in rat pups.

In these developmental studies, there were also reductions in maternal body weight gain and effects on fetal growth (lower fetal body weights and/or delayed ossification) in mice (60 and 180 mcg/kg), rabbits (150 mcg/kg), and rats (600 mcg/kg).

In an oral developmental study in rabbits, at 700 mcg/kg, (approximately 70 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), increased incidences of resorptions and malformations, including cleft palate and/or head malformations (hydrocephaly or domed head) were observed. Pregnancy failure was observed in most rabbits at 2800 mcg/kg (approximately 270 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

There are no adequate and well-controlled studies in pregnant women. NASONEX Nasal Spray, 50 mcg, like other corticosteroids, should be used during pregnancy only if the potential benefits justify the potential risk to the fetus. Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nonteratogenic Effects: Hypoadrenalism may occur in infants born to women receiving corticosteroids during pregnancy. Such infants should be carefully monitored.

Nursing Mothers: It is not known if mometasone furoate is excreted in human milk. Because other corticosteroids are excreted in human milk, caution should be used when NASONEX Nasal Spray, 50 mcg is administered to nursing women.

Pediatric Use: Controlled clinical studies have shown intranasal corticosteroids may cause a reduction in growth velocity in pediatric patients. This effect has been observed in the absence of laboratory evidence of hypothalamic-pituitary-adrenal (HPA) axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA axis function. The long-term effects of this reduction in growth velocity associated with intranasal corticosteroids, including the impact on final adult height, are unknown. The potential for "catch up" growth following discontinuation of treatment with intranasal corticosteroids has not been adequately studied. The growth of pediatric patients receiving intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg should be monitored routinely (eg, via stadiometry). The potential growth effects of prolonged treatment should be weighed against clinical benefits obtained and the availability of safe and effective noncorticosteroid treatment alternatives. To minimize the systemic effects of intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg, each patient should be titrated to his/her lowest effective dose.

Seven hundred and twenty (720) patients 3 to 11 years of age were treated with mometasone furoate nasal spray, 50 mcg (100 mcg total daily dose) in controlled clinical trials. Safety and effectiveness in children less than 3 years of age have not been established.

A clinical study has been conducted for one year in pediatric patients (ages 3 to 9 years) to assess the effect of NASONEX Nasal Spray, 50 mcg (100 mcg total daily dose) on growth velocity. No statistically significant effect on growth velocity was observed for NASONEX Nasal Spray, 50 mcg compared to placebo. No evidence of clinically relevant HPA axis suppression was observed following a 30-minute Cosyntropin infusion.

The potential of NASONEX Nasal Spray to cause growth suppr... susceptible patients or when given at higher doses cannot be ruled ...

Geriatric Use: A total of 203 patients above 64 years of age (age ... to 85 years) have been treated with NASONEX Nasal Spray, 50 mcg ... 3 months. The adverse reactions reported in this population were ... type and incidence to those reported by younger patients.

ADVERSE REACTIONS In controlled US and International clinical ... total of 3210 adult and adolescent patients aged 12 years and older ... treatment with NASONEX Nasal Spray, 50 mcg at doses of 5... mcg/day. The majority of patients (n = 2103) were treated with 200 ... In controlled US and International studies, a total of 990 pediatric ... (ages 3 to 11 years) received treatment with NASONEX, 50 mcg, at ... 25 to 200 mcg/day. The majority of pediatric patients (720) were tre... 100 mcg/day. A total of 513 adult, adolescent, and pediatric patie... been treated for 1 year or longer. The overall incidence of adverse e... patients treated with NASONEX Nasal Spray, 50 mcg was compa... patients treated with the vehicle placebo. Also, adverse events did n... significantly based on age, sex, or race. Three percent or less of pa... clinical trials discontinued treatment because of adverse events; ... was similar for the vehicle and active comparators.

All adverse events (regardless of relationship to treatment) reporte... or more of adult and adolescent patients aged 12 years and old... received NASONEX Nasal Spray, 50 mcg, 200 mcg/day and by ... patients ages 3 to 11 years who received NASONEX Nasal Spray, ... 100 mcg/day in clinical trials vs placebo and that were more comm... NASONEX Nasal Spray, 50 mcg than placebo, are displayed in th... below.

ADVERSE EVENTS FROM CONTROLLED CLINICAL TRIALS IN SEASONAL ALLERGIC AND PERENNIAL ALLERGIC RHINITIS (PERCENT OF PATIENTS REPORTING)

	Adult and Adolescent Patients 12 years and older		Pediatric P... Ages 3 to 1...	
	NASONEX 200 mcg (N = 2103)	VEHICLE PLACEBO (N = 1671)	NASONEX 100 mcg ...N = 374	VE... PL... N...
Headache	26	22	17	
Viral Infection	14	11	8	
Pharyngitis	12	10	10	
Epistaxis/Blood-Tinged Mucus	11	6	8	
Coughing	7	6	13	
Upper Respiratory Tract Infection	6	2	5	
Dysmenorrhea	5	3	1	
Musculoskeletal Pain	5	3	1	
Sinusitis	5	3	4	
Vomiting	1	1	5	

Other adverse events which occurred in less than 5% but greater ... equal to 2% of mometasone furoate adult and adolescent patients ... 12 years and older) treated with 200-mcg doses (regardless of relati... to treatment), and more frequently than in the placebo group inc... arthralgia, asthma, bronchitis, chest pain, conjunctivitis, diarrhea, d... sia, earache, flu-like symptoms, myalgia, nausea, and rhinitis.

Other adverse events which occurred in less than 5% but greater o... to 2% of mometasone furoate pediatric patients aged 3 to 11 years ... with 100-mcg doses vs placebo (regardless of relationship to treatmen... more frequently than in the placebo group included: diarrhea, nasal irri... otitis media, and wheezing.

Rare cases of nasal ulcers and nasal and oral candidiasis were ... reported in patients treated with NASONEX Nasal Spray, 50 mcg, prim... patients treated for longer than 4 weeks.

In postmarketing surveillance of this product, cases of nasal burnin... irritation and rare cases of nasal septal perforation have been reported.

OVERDOSAGE There are no data available on the effects of acute or c... overdosage with NASONEX Nasal Spray, 50 mcg. Because of low sys... bioavailability, and an absence of acute drug-related systemic findi... clinical studies, overdose is unlikely to require any therapy other than ... vation. Intranasal administration of 1600 mcg (8 times the recomm... dose of NASONEX Nasal Spray, 50 mcg) daily for 29 days, to healthy ... volunteers, was well tolerated with no increased incidence of adverse e... Single intranasal doses up to 4000 mcg have been studied in human ... teers with no adverse effects reported. Single oral doses up to 800... have been studied in human volunteers with no adverse effects rep... Chronic overdosage with any corticosteroid may result in signs or ... toms of hypercorticism (see **PRECAUTIONS**). Acute overdosage wit... dosage form is unlikely since one bottle of NASONEX Nasal Spray, 5... contains approximately 8500 mcg of mometasone furoate.

Schering Corporation
Kenilworth, NJ 07033 USA

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(continued) Medical Center, in Stuart, Florida, for a simple operation called a tympano mastoidectomy to remove scar tissue from previous operations. He died the next day from what was thought to be a problem with the local anesthetic. Had his story ended there, it would be an unfortunate medical tragedy.

But Doni Haas, the director of risk management for the Martin Memorial Health System, who investigates such incidents, met with the boy's parents and promised she would find out exactly what had happened.

It soon became evident that something else had killed Ben. Fortunately for Haas, there was evidence to work with. After Ben showed signs of complications, the anesthesiologist had instructed the scrub technician in the operating room that day to save all the syringes used on Ben, knowing they might be needed later in the event of an investigation.

"I've had many people [at other hospitals] tell me they would never have been able to get those syringes for analysis," Haas says.

A few weeks later, tests revealed the fatal error: Instead of a local anesthetic, Ben had been injected with concentrated Adrenalin. Nine minutes later, he went into cardiac arrest. It was never determined how the mix-up happened.

Upon discovering the mistake, Haas and the hospital's anesthesiologist met with the Kolbs to report their findings and acknowledge the hospital's full responsibility. The two sides quickly agreed upon a financial settlement. Nobody lost a job, no one individual was blamed. And the accident prompted the hospital to analyze and modify its procedures to avoid similar incidents in the future. Haas thinks Martin Memorial is a safer place because of this. "The system was wrong," she asserts.

PROTECTING PATIENTS

Some progress is being made in changing the system nationwide. Accompanying IOM's November report was a call for Congress to create a Center for Patient Safety, a federal agency that would work to reduce medical errors. IOM also recommended a system for reporting errors: Hospitals (and eventually any facility providing medical care) would be required to notify the state about mistakes; information on those that cause serious harm would then be released to the public. Errors that have no serious consequences would remain confidential, a situation that IOM believes might encourage voluntary reporting. In December, President Clinton ordered federal health agencies to put the major parts of IOM's plan into action.

Also working to reduce medical mistakes is the National Patient Safety Foundation (NPSF), in Chicago, launched in 1997 by the American Medical Association, 3M, and CNA HealthPro. The group is comprised of health-care professionals, patients and others. NPSF is looking at ways that information technology will help improve patient safety in the future. For example, doctors may use electronic—rather than handwritten—medical records. Studies have shown that a significant number of mistakes occur when bad penmanship or similar drug names confuse nurses and other physicians.

Some medication errors should be fairly easy to prevent. For example, despite repeated warnings to hospitals, patients continue to die from incorrect administration of potassium chloride, a potassium replacement frequently used in IVs. As a concentrated formula, potassium chloride needs to be diluted. But if it is mistaken for another product that doesn't require dilution, the mix-up can be fatal. Five to ten people die every year from the mistake.

STARTING SMALL

But to change the system we first need to learn *(continued on page 236)*

HOW TO BE A SMARTER PATIENT

Strategies to avoid becoming a victim of a medical error:

GET INFORMED. "Patients need to really understand their medical condition," says Carol Ley, M.D., vice-chair of the National Patient Safety Foundation (NPSF). Read up on your illness in literature from your doctor or on the Internet (but keep in mind that there's a lot of unreliable medical information online).

DEVELOP GOOD COMMUNICATION WITH YOUR DOCTOR. Inform your physician of your medical concerns, your allergies, all medicines and dietary supplements you're taking and any special diet you're following. Don't hesitate to ask questions.

DON'T GO ALONE. You should bring a family member or friend with you to important doctors' appointments to ask questions you may not think of, help interpret the doctors' comments and provide support.

SEEK ANOTHER OPINION. If diagnosed with a life-threatening illness or undergoing surgery, get a second opinion, Ley says. (Check your insurance policy to make sure it's covered.)

TRACK YOUR MEDICAL HISTORY. Ask your doctor for copies of your medical records. Bring them along whenever you go to see another physician.

KNOW YOUR MEDICATIONS. When the doctor gives you a prescription, write down the name of the drug; how and when to take it, and for how long; what to avoid; and any side effects.

For more tips on how to be a smarter patient, check out the NPSF's Web site at *www.npsf.org.*

—Christine Many



Know Your MEDICAL RIGHTS

Don't wait until you become ill to get smart. Here's what you must know to be an informed patient **By Sharlene K. Johnson**



Any TV-watching ten-year-old knows that a criminal suspect has the right to remain silent and the right to an attorney. But even though we're much more likely to pay a visit to a doctor's office than a jail cell, most of us aren't as savvy when it comes to our rights as patients.

In truth, there aren't many. Those we do have tend to vary by state and are further complicated by the increasing number of managed-care organizations, each with its own rules.

Are you an informed patient? Decide whether each of these statements is true or false.

> *A surprising number of people have access to your records*

1. YOU HAVE THE RIGHT TO CONFIDENTIAL TREATMENT OF YOUR MEDICAL RECORDS

FALSE "While doctors may try to preserve confidentiality, there are no laws at the federal level saying they have to," says Janlori Goldman, director of the Health Privacy Project at Georgetown University's Institute for Health Care Research and Policy, in Washington, D.C. So patients must rely on whatever health-privacy protections are built into their state laws, which, in many cases, are not comprehensive. For instance, a state law may impose privacy regulations on hospitals but not dentists.

As health information increasingly crosses state lines—such as when a patient sees an out-of-state specialist—the situation becomes more precarious. The problem is that if there's a breach of confidentiality, it would be very difficult to ascertain what state law, if any, is controlling.

In addition, certain information is not subject to confidentiality. Doctors may be required to report communicable diseases, such as AIDS and hepatitis, to the state health department. They must notify authorities of gunshot wounds and suspected child abuse.

Overall, a surprising number of people might have access to your medical information: insurance personnel, pharmacists, state health organizations, employers, researchers. It's very difficult to track the flow of health information. Many times consumers sign authorizations for information to be disclosed for insurance claims without really realizing what they're signing.

You've probably signed an authorization form at every doctor's office and need to keep signing them if you want your insurer to pay up. Many states do allow patients to place limits on authorization. You don't want to sign something for any and all medical records. *(continued)*



ke the Risk Assessment Test. s 6 simple questions.

years, we women have had tools like mammograms and st self-exams that are critical to *finding* breast cancer early. *But did not predict our chances of getting it.* Today, there's actually a way gure out your risk of getting breast cancer.

t's why every woman should go to her doctor and take the l Model Risk Assessment Test as part of her complete st health.

wers to six simple questions allow your doctor to evaluate r risk. Basically, you're given a number that estimates your nces of getting breast cancer over the next five years. If 're 35 or older and your number is 1.7 or higher, you're sidered at high risk for breast cancer. Please remember that *does not mean* you will get breast cancer, only that your risk gher than average. Most women will get scores of less than 1.7.

hy would I want to know if I'm at gh risk?

natural to wonder if you would even *want* to know if 're at high risk or not. But today there *is* something you do.

lk to your doctor about Nolvadex.

the first time, there is a *clinically proven* way for many women at high risk of developing breast cancer to significantly reduce that risk: Nolvadex Tablets.

The proof? In a landmark study of women 35 and older at high risk for breast cancer, women who took Nolvadex had 44% fewer breast cancers than women taking sugar pills. Nolvadex decreases but doesn't eliminate the risk of breast cancer and didn't show an increase in survival.

Nolvadex isn't for every woman at high risk. In the study, women taking Nolvadex were 2 to 3 times more likely to develop endometrial cancer or blood clots in the lung and legs, although each of these occurred in less than 1% of women. Women with a history of blood clots should not take Nolvadex. Stroke, cataracts, and cataract surgery were more common with Nolvadex. Most women experience some level of hot flashes and vaginal discharge. **Pregnant women or women planning on becoming pregnant soon should not take Nolvadex.** You and your doctor must carefully discuss whether the potential benefit of Nolvadex outweighs these potential side effects.

See your doctor today for your risk assessment test.

For more information: **1 800 898.8423** or **www.nolvadex.com**

Please see important information on adjacent page.

Patient Information about
NOLVADEX® (tamoxifen citrate) Tablets

(No-l'va-dex)

for Breast Cancer Treatment and Reduction in the Incidence of Breast Cancer

Generic Name: Tamoxifen (ta-MOX-i-fen)

Please read this information carefully before you begin taking NOLVADEX. It is important to read this information each time your prescription is filled or refilled in case new information is available. This summary does not tell you everything about NOLVADEX. Your health care professional is the best source of information about this medicine. You should talk with him or her before you begin taking NOLVADEX and at regular checkups. In addition, the professional package insert contains more detailed information on NOLVADEX.

WHAT ARE THE MOST IMPORTANT THINGS I SHOULD KNOW ABOUT NOLVADEX?

NOLVADEX has been shown to help women with advanced breast cancer and in clinical trials of over 30,000 women with early breast cancer it has been shown to reduce the risk of recurrence. Also in a trial of 13,000 women at high risk of breast cancer, NOLVADEX reduced the risk of developing the disease.

Like all medicines, NOLVADEX has some side effects. Most are mild and relate to its hormonal mode of action. NOLVADEX can increase the risk of some serious and potentially life-threatening conditions, including, uterine cancer, blood clots, and stroke. It can also increase the risk of getting cataracts or of needing cataract surgery.

If you experience symptoms of any of these, tell your doctor **immediately** (see "What should I avoid or do while taking NOLVADEX?). You and your doctor must carefully discuss your personal medical conditions, history, and preferences to decide whether the good NOLVADEX may do for you outweighs its potential risks. If you and your doctor decide that NOLVADEX therapy is right for you, you should look for symptoms indicating you might be experiencing one of NOLVADEX's known risks.

WHAT IS NOLVADEX?

- NOLVADEX is a prescription medicine used to reduce the risk of getting breast cancer in women who have a high risk of getting breast cancer.
- NOLVADEX is used to treat advanced breast cancer in women and men.
- NOLVADEX is used to reduce the recurrence of breast cancer in women who have had surgery and/or radiation therapy to treat early breast cancer. NOLVADEX is also used in women with breast cancer who are at risk of developing a second breast cancer in the opposite breast.

HOW DOES NOLVADEX WORK?

NOLVADEX belongs to a group of medicines called anti-estrogens. Anti-estrogens work by blocking the effects of the hormone estrogen in the body. Estrogen may cause the growth of some types of breast tumors. NOLVADEX may block the growth of tumors that respond to estrogen.

WHO SHOULD NOT TAKE NOLVADEX?

- You should not take NOLVADEX to reduce the risk of getting breast cancer if you have ever had blood clots or if you develop blood clots that require medical treatment. However, if you are taking NOLVADEX for treatment of early or advanced breast cancer, the benefits of NOLVADEX may outweigh the risks associated with developing new blood clots. Your health care professional can assist you in deciding whether NOLVADEX is right for you.
- You should not take NOLVADEX if you are taking medicines to thin your blood (anticoagulants) like warfarin (Coumadin®*).
- You should not take NOLVADEX if you plan to become pregnant while taking NOLVADEX or during the two months after you stop taking it because NOLVADEX may harm your unborn child. You should stop taking NOLVADEX if you become pregnant while taking the drug. Please talk with your doctor about birth control recommendations. If you are capable of becoming pregnant, you should start NOLVADEX during a menstrual period or if you have irregular periods you should have a negative pregnancy test before beginning to take NOLVADEX.
- You should not take NOLVADEX if you are breast feeding.
- You should not take NOLVADEX if you have ever had an allergic reaction to NOLVADEX or tamoxifen citrate (the chemical name).

NOLVADEX® (tamoxifen citrate) Tablets

- NOLVADEX is not known to reduce the risk of breast cancer in women with changes in breast cancer genes (BRCA1 or BRCA2).
- You should not take NOLVADEX to decrease the chance of getting breast cancer if you are less than age 35, because NOLVADEX has not been tested in younger women.
- You should not take NOLVADEX to reduce the risk of breast cancer unless you are at high risk of getting breast cancer. Certain conditions put women at high risk and it is possible to calculate this risk for any woman. Breast cancer risk assessment tools to help calculate your risk of breast cancer have been developed and are available to your health care professional. You should discuss your risks with your health care professional.
- Children should not take NOLVADEX because treatment for them has not been sufficiently studied.

HOW SHOULD I TAKE NOLVADEX?

- You will take NOLVADEX differently, depending on your diagnosis.

For treatment of breast cancer in adult women and men, the usual dose is 20-40 mg a day. Take the tablets once or twice a day depending on the tablet strength prescribed. If your doctor has prescribed a different dose, do not change it unless he or she tells you to do so. For women with early breast cancer, NOLVADEX should be taken for 5 years. For women with advanced cancer, NOLVADEX should be taken until your doctor feels it is no longer indicated.

For reduction of the risk of breast cancer, the usual dose is 20 mg a day, for five years.

- Do not stop taking your tablets unless your doctor tells you to do so.

ARE THERE OTHER IMPORTANT FACTORS TO CONSIDER BEFORE TAKING NOLVADEX?

- Tell your doctor if you have ever had blood clots that required medical treatment.
- Because NOLVADEX may affect how other medicines work, always tell your doctor if you are taking any other prescription or non-prescription (over-the-counter) medications, particularly if you are taking warfarin to thin your blood.

WHAT SHOULD I DO WHILE TAKING NOLVADEX?

- If you see a health care professional who is new to you (an emergency room doctor, another doctor in the practice), tell him or her that you take NOLVADEX.
- If you are taking NOLVADEX to reduce your risk of getting breast cancer, you should know that NOLVADEX does not prevent all breast cancers. While you are taking NOLVADEX and in keeping with your doctor's recommendation, you should have annual gynecological check-ups which should include breast exams and mammograms. If breast cancer occurs, there is no guarantee that it will be detected at an early stage. This is why it is important to continue with regular check-ups.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NOLVADEX?

The most common side effects reported with NOLVADEX are: hot flashes; vaginal discharge or bleeding; and menstrual irregularities (these side effects may be mild or may be a sign of a more serious side effect). Women may experience hair loss or skin rashes; however, hair loss is uncommon and is usually mild.

A rare but serious side effect of NOLVADEX is a blood clot in the veins. Blood clots stop the flow of blood and can cause serious medical problems, disability or death. Women who take NOLVADEX are at increased risk for developing blood clots in the lungs and legs. Some women may develop more than one blood clot, even if NOLVADEX is stopped. Women may also have complications from treating the clot, such as bleeding from thinning the blood too much. Symptoms of a blood clot in the lungs may include sudden chest pain, shortness of breath or coughing up blood. Symptoms of a blood clot in the legs are pain or swelling in the calves. A blood clot in the legs may move to the lungs. If you experience any of these symptoms of a blood clot, contact your doctor immediately.

NOLVADEX increases the chance of having a stroke, which can cause serious medical problems, disability, or death. If you experience any symptoms of stroke, such as weakness, difficulty walking or talking, or numbness, contact your doctor immediately.

NOLVADEX increases the chance of changes occurring in the lining of your uterus (endometrium), which can be serious and could include cancer of the uterus. If you have not had a hysterectomy (removal of the uterus), it is important for you to contact your doctor immediately if you experience any

NOLVADEX® (tamoxifen citrate) Tablets

unusual vaginal discharge, vaginal bleeding, or
irregularities; or pain or pressure in the pelvis (lo
ach). These may be caused by changes to the lini
uterus (endometrium). It is important to bring the
doctor's attention without delay as they can oc
indicate the start of something more serious.
include cancer of the uterus or other changes to t

NOLVADEX may cause cataracts or changes to pa
eye known as the cornea or retina. NOLVADEX ca
the chance of needing cataract surgery, and can ca
clots in the veins of the eye. NOLVADEX can result ir
in distinguishing different colors. If you experi
changes in your vision, tell your doctor immediately

- Rare side effects, which may be serious, include ce
problems such as jaundice (which may be seen as
of the whites of the eyes).

If you are a woman receiving NOLVADEX for trea
advanced breast cancer, and you experience excessiv
vomiting or thirst, tell your doctor immediately.
mean that there are changes in the amount of calciu
blood (hypercalcemia). Your doctor will evaluate thi

In patients with breast cancer, a temporary increase i
of the tumor may occur and sometimes results i
aches/bone pain and skin redness. This condition m
shortly after starting NOLVADEX and may be associat
good response to treatment.

Many of these side effects happen only rarely. How
should contact your doctor if you think you have any
or any other problems with your NOLVADEX. Some sid
of NOLVADEX may become apparent soon after sta
drug, but others may first appear at any time during t

This summary does not include all possible side effe
NOLVADEX. It is important to talk to your health care
sional about possible side effects. If you want to rea
ask your doctor or pharmacist to give you the prof
labeling.

Keep NOLVADEX in its original prescription containe
of the reach of children.

Do not take your tablets after the expiration date on
tainer. Be sure that any discarded tablets are out of t
of children.

This leaflet provides you with a summary of informatio
NOLVADEX. Medicines are sometimes prescribed f
other than those listed. NOLVADEX has been pre
specifically for you by your doctor. Do not give your m
to anyone else, even if they have a similar condition,
it may harm them.

If you have any questions or concerns, contact your d
pharmacist. Your pharmacist also has a longer leafle
NOLVADEX written for health care professionals that y
ask to read. For more information about NOLVADEX o
cancer, call 1-800-34 LIFE 4.

Rev

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...re are efforts under way to make ... data confidential. A provision ... Health Insurance Portability and ...itability Act of 1996 required ...ress to pass comprehensive ... privacy legislation by August ...9. Since Congress failed to act ..., the Secretary of Health and ...n Services is authorized to set ... gulations until Congress passes ... ion. Once a final draft of the ... regulations is completed, there ...enty-four-month waiting period ... implementation. (For more on ... tients' rights bills currently in ...ess, see page 235.)

...U HAVE THE RIGHT TO ...OUR MEDICAL RECORDS ...VERY STATE

..."Not all fifty states allow you to ...at your medical record," says ...man. But prevailing opinion is ...patients should have access, so ... doctor might let you see it. If ... treated in a federal medical facil... right is guaranteed in any state.

...hat happens if your doctor with... permission? That depends. In ... York, for example, if your doc... believes information is harmful to ... she can decide not to let you see ...ut you can appeal to the state ...h department. In other states, ... may not be an appeals process. ...osed legislation would give con...rs in every state the right to see ... medical record and appeal de... (For more information on re...ting medical files, see "For the ...rd," right.)

...OU HAVE THE RIGHT TO BE ...ATED IN AN EMERGENCY

...A hospital emergency room can... turn you away, even if you're ...sured and can't pay the bill—they ... at least examine and stabilize you. ...ever, hospitals without emergen...oms can send you elsewhere.

...t the big debate now isn't the ... to emergency treatment, which is ...nably well established, but ...her insurers have to pay. In recent ..., HMOs have refused *(continued)*

FOR THE RECORD

While researching this article I heard about patients who had paid exorbitant fees for copies of medical files or been denied access to records (usually regarding psychiatric treatment). So I requested copies of my records. My experience was trouble-free: Copies of the files arrived in less than three weeks, and fees were affordable. (I did not identify myself as a reporter.) Here's what I learned:

PUT IT IN WRITING **My past doctors' offices asked me to mail a signed request or sign a release in person.**

ASK ABOUT FEES **Most states allow medical facilities to charge administrative fees, though patients often get a free copy. Costs vary, depending on who wants the information and why.**

SPECIFY WHAT YOU WANT **If you're updating your files, keep costs down by asking only for records created since your last request. If you do want a complete record, be sure to say so.**

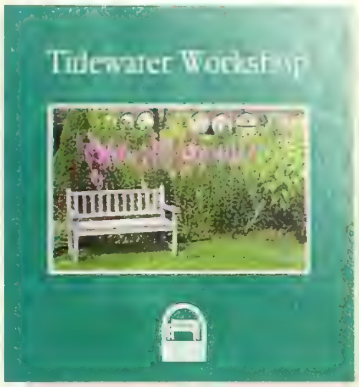
CHECK FOR ACCURACY **Records sometimes include inaccuracies. While mine all appeared accurate, deciphering details was something else. When in doubt, ask for an explanation.**

CALL THE MEDICAL INFORMATION BUREAU **Insurance companies use this national database to check to see if an applicant has omitted or misrepresented facts about his medical history. Records are created only if an application for life, health or disability insurance has been submitted within the last seven years and if the insurer found conditions that could affect health or longevity. For an MIB request form, call 617-426-3660.** **—S.K.J.**

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...mand to pay for emergency-room visits that, upon examination, the HMO feels are not true emergencies. "Some HMOs have stopped that now," says Terre McFillen-Hall, executive director of the Center for Patient Advocacy, in McLean, Virginia. Still, she believes consumers need stronger assurances. "Think about moms and dads with [sick] newborns. Are they going to stay at home thinking, Well, I don't know—are they going to pay?" The House of Representatives has proposed legislation that would guarantee payment if a prudent layperson would regard the situation as an emergency.

Your doctor should tell you about all treatment options

For non-emergencies, you have no legal right to treatment. If a doctor doesn't want to see you, he can refuse to as long as no antidiscrimination laws are violated.

4. YOU HAVE THE RIGHT TO RECEIVE COMPLETE INFORMATION BEFORE CONSENTING TO TREATMENT

TRUE Known as "informed consent," this means your doctor should tell you everything about your condition, including potential benefits and risks of recommended treatment and any reasonable alternatives. In emergencies where the patient is incapacitated, consent is assumed.

How does informed consent coexist with the "gag clauses" some HMOs have in their contracts with doctors? Designed to limit information doctors give patients about an expensive or experimental treatment that the HMO won't cover, gag clauses aren't widely used now. In a 1997 General Accounting Office survey, none of the 529 HMOs studied had contract clauses that prohibited doctors from discussing all treatment options. "But we would like to see legislation passed so that it doesn't happen," says McFillen-Hall.

5. YOU HAVE THE RIGHT TO SUE YOUR HMO IF A DELAYED OR DENIED TREATMENT CAUSES HARM

FALSE Despite news reports about a California jury that awarded a record $120.5 million in January 1999 to the widow of a man whose HMO refused to cover an experimental cancer treatment, it's very difficult to hold an HMO liable for bad decisions.

The right to sue a managed-care company has little to do with the merits of the case and everything to do with the type of health plan involved. If you are among the 125 million or so Americans covered by an employer-funded HMO, a federal law loophole prevents you from suing your health plan for medical malpractice, fraud or wrongful death. (Government employees, like the California man, are among the few exceptions.)

While you can sue for a benefit that's been denied, you'll never get more than the denied benefit's cost. Even if your state gives you the right to sue for damages, judges often rule that the federal law takes precedence. The result, says McFillen-Hall, is that "[HMOs] can make any sort of health-care decision for you and they have absolutely no liability. That has got to be changed." Doing so won't be easy. The right to sue HMOs is the most controversial stumbling block of the patients' rights bill.

Regardless of where legislators stand on giving consumers the right to sue, it's likely that patients will soon have greater recourse if coverage of needed treatment is denied. Proposed legislation calls for an improved third-party appeals process, with cases going to an independent medical reviewer. The American Association of Health Plans (AAHP), a Washington, D.C.–based industry group, recently urged its members to adopt such programs with an emphasis on speedy review. "Consumers want these disputes resolved when they're happening, not months or years later," says AAHP president Karen Ignagni.

Patient advocates agree that a timely appeals process is needed, but still hope to see a law that holds managed-care companies liable, including financially. "If HMOs are accountable for their decisions, you're going to see a lot of them make much better decisions," says McFillen-Hall.

6. YOU HAVE THE RIGHT TO REFUSE TREATMENT, REGARDLESS OF THE OUTCOME

TRUE "The U.S. Supreme Court has said that every competent individual has the right to refuse any type of medical treatment, even if it will hasten death," says Carol E. Sieger, director of legal affairs for Partnership for Caring, a nonprofit organization, in Washington, D.C. "So you have the right to control the course of your treatment." There are rare exceptions, usually where public health and safety are at stake (such as immunization for communicable diseases).

The rule also becomes murky when it involves a fetus that doctors believe could survive outside the womb. After a pregnant woman in Illinois refused a blood transfusion for religious reasons in 1996, a court order granted *(continued on page 114)*

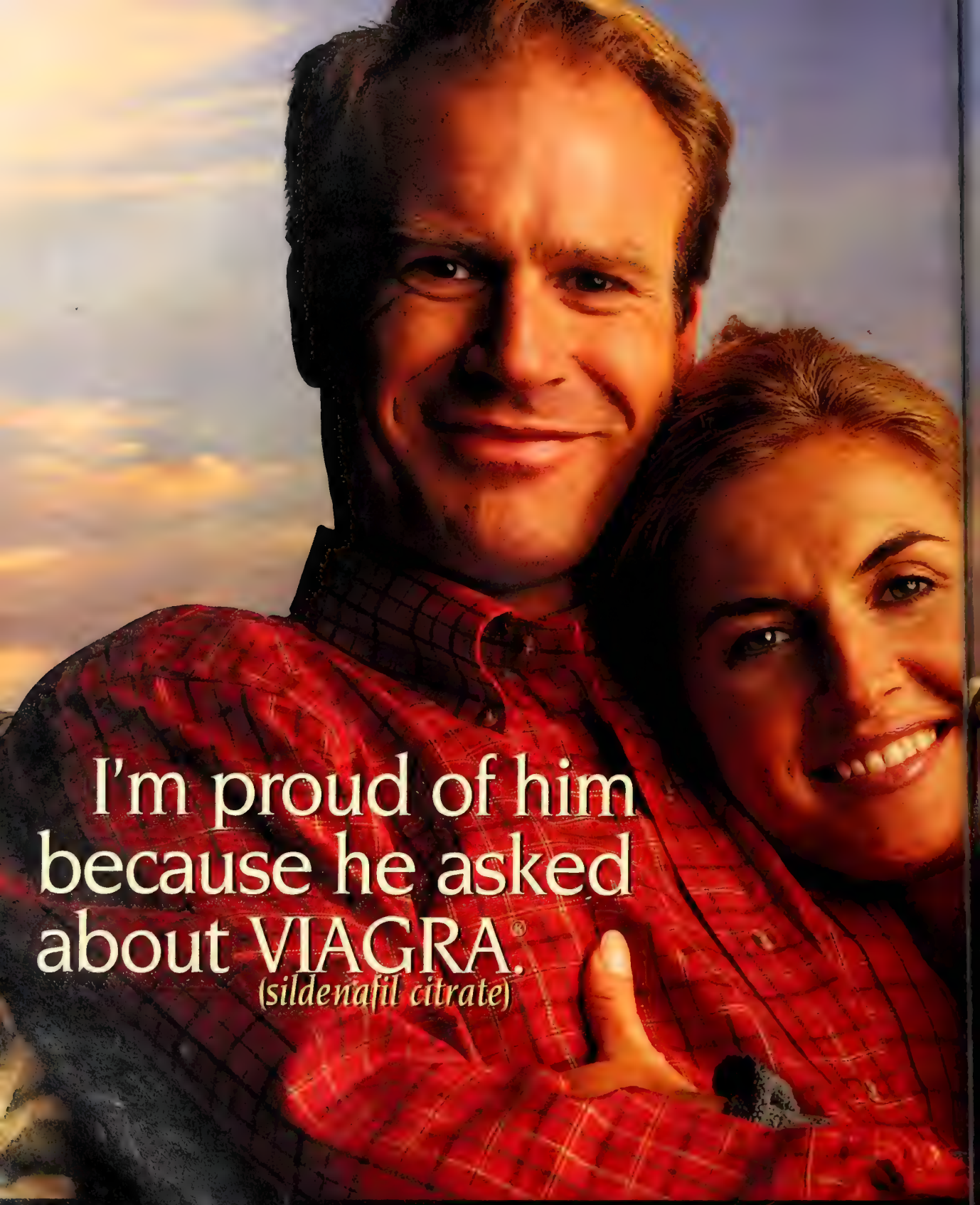
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scribed acid-reducing medicine of its kind.* It relieves even
r worst heartburn, controlling acid for up to twelve hours.**
while it may not have chocolate, you'll love it anyway.
ntac 75. For Your Serious Heartburn. Doctors Know.



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*Data on file. Pfizer Inc. New York, NY.

For more information, call 1-888-4VIAGRA or visit www.viagra.com.

Please see patient summary of information about VIAGRA *(25-mg, 50-mg, 100-mg) tablets on the following page.*

I love him because he did it for us.



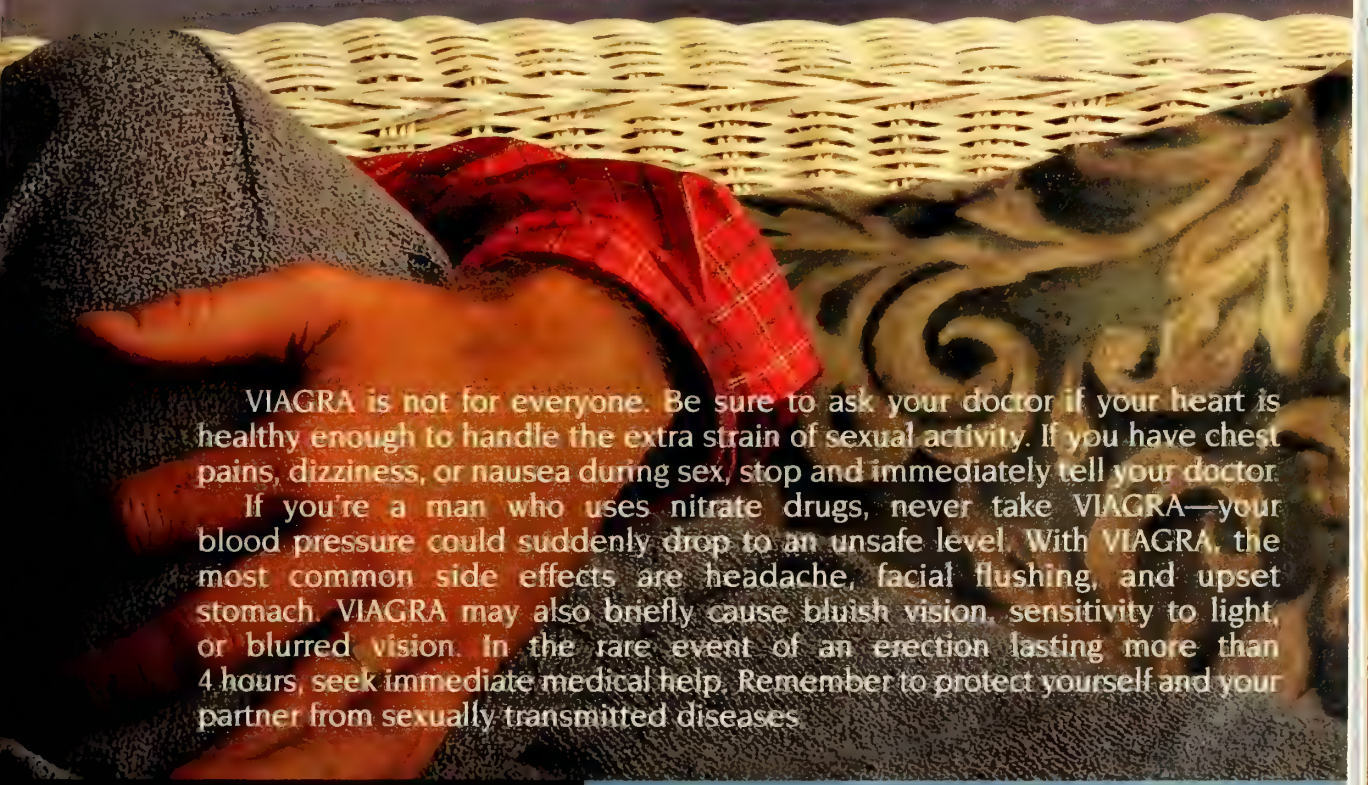
When my husband first started experiencing erectile dysfunction (ED) he didn't want to admit there was anything wrong. But when it started to put a real strain on our relationship, he talked to his doctor about VIAGRA.

—VIAGRA has shown improvement in erectile function in 4 out of 5 men compared with 1 out of 4 for sugar tablets

—More than 15 million prescriptions written in the United States*

—Effective and well tolerated in a variety of patients

It's great what VIAGRA has done for him—and for us.



VIAGRA is not for everyone. Be sure to ask your doctor if your heart is healthy enough to handle the extra strain of sexual activity. If you have chest pains, dizziness, or nausea during sex, stop and immediately tell your doctor.

If you're a man who uses nitrate drugs, never take VIAGRA—your blood pressure could suddenly drop to an unsafe level. With VIAGRA, the most common side effects are headache, facial flushing, and upset stomach. VIAGRA may also briefly cause bluish vision, sensitivity to light, or blurred vision. In the rare event of an erection lasting more than 4 hours, seek immediate medical help. Remember to protect yourself and your partner from sexually transmitted diseases.

ove life again.

VIAGRA®
(sildenafil citrate) tablets

L o v e l i f e a g a i n.

PATIENT SUMMARY OF INFORMATION ABOUT

VIAGRA

This summary contains important information about VIAGRA

instructions. Read this information carefully before you start taking VIAGRA. Ask your doctor or pharmacist if you do not understand any of this information or if you want to know more about VIAGRA.

This medicine can help many men when it is used as prescribed by their doctors. However, VIAGRA is not for everyone. It is intended for

VIAGRA must never be used by men who are taking medicines that contain nitrates of any kind, at any time. This includes nitroglycerin. If you take VIAGRA with any nitrate medicine your blood pressure could suddenly drop to an unsafe or life threatening level.

What Is VIAGRA?

VIAGRA is a pill used to treat erectile dysfunction (impotence) in men. It can help many men who have erectile dysfunction get and keep an erection when they become sexually excited (stimulated).

You will not get an erection just by taking this medicine. VIAGRA helps a man with erectile dysfunction get an erection only when he is sexually excited.

How Sex Affects the Body

When a man is sexually excited, the penis rapidly fills with more blood than usual. The penis then expands and hardens. This is called an erection. After the man is done having sex, this extra blood flows out of the penis back into the body. The erection goes away. If an erection lasts for a long time (more than 6 hours), it can permanently damage your penis. You should call a doctor immediately if you ever have a prolonged erection that lasts more than 4 hours.

Some conditions and medicines interfere with this natural erection process. The penis cannot fill with enough blood. The man cannot have an erection. This is called erectile dysfunction if it becomes a frequent problem.

During sex, your heart works harder. Therefore sexual activity may not be advisable for people who have heart problems. Before you start any treatment for erectile dysfunction, ask your doctor if your heart is healthy enough to handle the extra strain of having sex. If you have chest pains, dizziness or nausea during sex, stop having sex and immediately tell your doctor you have had this problem.

How VIAGRA Works

VIAGRA enables many men with erectile dysfunction to respond to sexual stimulation. When a man is sexually excited, VIAGRA helps the penis fill with enough blood to cause an erection. After sex is over, the erection goes away.

VIAGRA Is Not for Everyone

As noted above (*How Sex Affects the Body*), ask your doctor if your heart is healthy enough for sexual activity.

If you take any medicines that contain nitrates–either regularly or as needed–you should never take VIAGRA.

containing nitrates, your blood pressure could suddenly drop to an unsafe level. You could get dizzy, faint, or even have a heart attack or stroke. Nitrates are found in many prescription medicines that are used to treat angina (chest pain due to heart disease) such as:

- nitroglycerin (sprays, ointments, skin patches or pastes, and tablets that are swallowed or dissolved in the mouth)
- isosorbide mononitrate and isosorbide dinitrate (tablets that are swallowed, chewed, or dissolved in the mouth)

Nitrates are also found in recreational drugs such as amyl nitrate or nitrite ("poppers"). If you are not sure if any of your medicines contain nitrates, or if you do not understand what nitrates are, ask your doctor or pharmacist.

VIAGRA is only for patients with erectile dysfunction. VIAGRA is not for newborns, children, or women. Do not let anyone else take your VIAGRA. VIAGRA must be used only under a doctor's supervision.

What VIAGRA Does Not Do

- VIAGRA does not cure erectile dysfunction. It is a treatment for erectile dysfunction.
- VIAGRA does not protect you or your partner from getting sexually transmitted diseases, including HIV–the virus that causes AIDS.
- VIAGRA is not a hormone or an aphrodisiac.

What To Tell Your Doctor Before You Begin VIAGRA

Only your doctor can decide if VIAGRA is right for you. VIAGRA can cause mild, temporary lowering of your blood pressure. You will need to have a thorough medical exam to diagnose your erectile dysfunction and to find out if you can safely take VIAGRA alone or with your other medicines. Your doctor should determine if your heart is healthy enough to handle the extra strain of having sex.

Be sure to tell your doctor if you:

- have ever had any heart problems (e.g., angina, chest pain, heart failure, irregular heart beats, or heart attack)
- have ever had a stroke
- have low or high blood pressure
- have a rare inherited eye disease called retinitis pigmentosa
- have ever had any kidney problems
- have ever had any liver problems
- have ever had any blood problems, including sickle cell anemia or leukemia
- are allergic to sildenafil or any of the other ingredients of VIAGRA tablets
- have a deformed penis, Peyronie's disease, or ever had an erection that lasted more than 4 hours
- have stomach ulcers or any types of bleeding problems
- are taking any other medicines

VIAGRA and Other Medicines

Some medicines can change the way VIAGRA works. Tell your doctor about **any medicines** you are taking. Do not start or stop taking any medicines before checking with your doctor or pharmacist. This includes prescription and nonprescription medicines or remedies. Remember, VIAGRA should never be used with medicines that contain nitrates (see *VIAGRA Is Not for Everyone*). If you are taking a protease inhibitor, your dose may be adjusted (please see *Finding the Right Dose for You*.) VIAGRA should not be used with any other medical treatments that cause erections. These treatments include pills, medicines that are injected or inserted into the penis, implants or vacuum pumps.

Finding the Right Dose for You

VIAGRA comes in different doses (25 mg, 50 mg and 100 mg). If you do not get the results you expect, talk with your doctor. You and your doctor can determine the dose that works best for you.

- Do not take more VIAGRA than your doctor prescribes.
- If you think you need a larger dose of VIAGRA, check with your doctor.
- VIAGRA should not be taken more than once a day.

If you are older than age 65, or have serious liver or kidney problems, your doctor may start you at the lowest dose (25 mg) of VIAGRA. If you are taking protease inhibitors, such as for the treatment of HIV, your doctor may recommend a 25 mg dose and may limit you to a maximum single dose of 25 mg of VIAGRA in a 48 hour period.

How To Take VIAGRA

Take VIAGRA about one hour before you plan to have sex. Beginning in about 30 minutes and for up to 4 hours, VIAGRA can help you get an erection if you are sexually excited. If you take VIAGRA after a high-fat meal (such as a cheeseburger and french fries), the medicine may take a little longer to start working. VIAGRA can help you get an erection when you are sexually excited. You will not get an erection just by taking the pill.

Possible Side Effects

Like all medicines, VIAGRA can cause some side effects. These effects are usually mild to moderate and usually don't last longer than a few hours. Some of these side effects are more likely to occur with higher doses. The most common side effects of VIAGRA are headache, flushing of the face, and upset stomach. Less common side effects that may occur are temporary changes in color vision (such as trouble telling the difference between blue and green objects or having a blue color tinge to them), eyes being more sensitive to light, or blurred vision.

In rare instances, men have reported an erection that lasts many hours. You should call a doctor immediately if you ever have an erection that lasts more than 4 hours. If not treated right away, permanent damage to your penis could occur (see *How Sex Affects*

Heart attack, stroke, irregular heart beats, and death have been reported rarely in men taking VIAGRA. Most, but not all, of these men had heart problems before taking this medicine. It is not possible to determine whether these events were directly related to VIAGRA.

VIAGRA may cause other side effects besides those listed on this sheet. If you want more information or develop any side effects or symptoms you are concerned about, call your doctor.

Accidental Overdose

In case of accidental overdose, call your doctor right away.

Storing VIAGRA

Keep VIAGRA out of the reach of children. Keep VIAGRA in its original container. Store at room temperature, 59°-86°F (15°-30°C).

For More Information on VIAGRA

VIAGRA is a prescription medicine used to treat erectile dysfunction. Only your doctor can decide if it is right for you. This sheet is only a summary. If you have any questions or want more information about VIAGRA, talk with your doctor or pharmacist, visit www.viagra.com, or call 1-888-4VIAGRA.

23-5515-00-4

VIAGRA®
(sildenafil citrate) tablets

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Continued from page 110

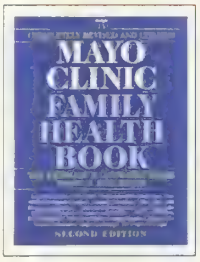
the hospital temporary custody
unborn child, along with the r
make medical decisions on its
Estimating that she and the ba
only a 5 percent chance of su
without a transfusion, doctors f
restrained and sedated her to ad
ter it. Later, after delivering a h
infant, she appealed the ruling
appeals court ruled that the
court was in error because the n
refuse treatment extends to pr
women, too.

Children also have limited rig
refuse treatment, as does an
judged incompetent due to m
retardation or Alzheimer's disease

7. YOU HAVE AN ABSOLUT RIGHT TO DIRECT YOUR CHILD'S HEALTH CARE

FALSE A court order can ma
treatment if a child's life is endan
regardless of parents' wishes. P
who withhold treatment for a ch
favor of faith healing can be prose
in most states *(continued on pag*

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Book: Second
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than two hun
Mayo Clinic physicians, it provide
information on more than a thou
diseases, disorders, symptoms and
treatments. This 1,438-page hardc
contains a section on emergency
an appendix on tests and drugs, a
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Nature Made Me Weather-Resistant.

I do all I can to protect my health. And this time of year, that means taking Nature Made Echinacea-Goldenseal and Vitamin C. Research shows they can help keep my immune system strong.

The DANGER Within



The ovaries of a PCOS sufferer contain undeveloped eggs that appear as cysts (below). Ovaries of a woman who experiences regular ovulation are shown above.

It's the leading cause of female infertility. As many as five million U.S. women have it. Could you be at risk for Polycystic Ovary Syndrome?

By Kathleen McAuliffe

Beth Kushnick's problem began during puberty. Her friends got their periods; she didn't. During her late teens, her weight shot up by forty pounds. When she finally began to menstruate, her periods were long and heavy; then she'd go for six months at a stretch without one. Her twenties were just as bad: She was plagued by constant fatigue and tender and bloated ovaries.

Kushnick, now thirty-nine and working in the film industry in New York, knew something was wrong. But visits to two gynecologists and two endocrinologists provided no answers. "Basically," she says, "I was put on the Pill to regulate my periods and sent on my way."

Frustrated, Kushnick took action, contacting women's health organizations and combing medical libraries for clues. She finally deduced she was suffering from Polycystic Ovary Syndrome (PCOS), a hormonal and metabolic condition. After five years of searching, she discovered the National Organization for Rare Disorders, in New Fairfield, Connecticut, which put her in contact with other women who shared similar symptoms. "What a relief it was to find out I wasn't alone," says Kushnick.

Though many women have never heard of it, PCOS affects as many as five million women in the United States (or one in ten), and is the leading cause of female infertility. It is, says Kushnick, "absurdly out of place on a list of rare disorders." Left untreated, it can cause life-threatening complications.

PCOS was first recognized more than sixty years ago (and initially was called Stein-Leventhal syndrome after the two doctors who discovered it). But it is a complicated condition frequently overlooked by physicians. Generic symptoms are part of the problem. Erratic periods, acne, hirsutism (excess hair on the face and body), and balding on the crown of the head—caused by elevated levels of male hormones—are common. Sixty percent of women with PCOS are overweight. All of these symptoms, however, can be caused by other disorders.

And to complicate matters, not all cases look alike: One woman's symptoms may scream PCOS—obesity, raging acne, heavy facial hair. Another patient—a woman of normal weight whose only complaint is a longer-than-normal menstrual cycle—may be more difficult to diagnose. Even the symptom that gives the disorder its modern *(continued)*

Is anxiety overwhelming you?

I can't sleep.
I'm worried.
I can't concentrate
I'm so restless.
Why am I so irritable?
My muscles ache
I feel tense.
I'm always tired



ıat you, feeling crushed by an
laught of excessive worry? Good
g there's something you can
about it. A medication
ed BuSpar can help.

ou've had overwhelming,
ounded worry and
eral of these symptoms
six months or more...

- **estlessness**
- **Iuscle tension**
- **rouble concentrating**
- **leep problems**
- **rritability**
- **eeling tired**

ır doctor may tell you
t you have Generalized
xiety Disorder (GAD).

BuSpar is a prescription drug specifically developed to treat GAD. BuSpar can help you manage those overwhelming feelings so you can focus on the things that matter.

And BuSpar is usually well tolerated:

- **Unlikely to make you groggy**
- **Not habit-forming**

Ask your doctor if BuSpar is right for you as part of an overall treatment program. For more information call 1-877-3-BUSPAR.

Or visit us at
www. anxiety-relief.com

Spar isn't right for everyone. Advise your doctor of any medications you may be taking rticularly MAOIs) to avoid potential drug interactions. Some people may experience e effects such as excitement, dizziness, nausea, headache, lightheadedness, and nervousness.

Please see important additional information on next page.

Relax, BuSpar can help you handle it.

BuSpar® 15 mg Dividose®

buspirone HCl, USP

029

Bristol-Myers Squibb Company

BuSpar®
(buspirone HCl, USP)

Rx only

For complete prescribing information, please see package insert.

CONTRAINDICATIONS

WARNINGS: **The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard.** Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not be employed in lieu of appropriate antipsychotic treatment.

PRECAUTIONS: **General** - *Interference with Cognitive and Motor Performance*: Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable. Therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol. *Potential for Withdrawal Reactions in Sedative/Hypnotic/Anxiolytic Drug-Dependent Patients*: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug, and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures. *Possible Concerns Related to Buspirone's Binding to Dopamine Receptors*: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (e.g., dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity, however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported; the syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (i.e., represent akathisia). ***Information for Patients*** - Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol, or drugs they are now taking or plan to take during treatment with buspirone, to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone, to inform their physician if they are breast feeding, and not to drive a car or operate potentially dangerous machinery until they experience how medication affects them. ***Drug Interactions*** (See **WARNINGS**) - *Trazadone*: One report suggests that the concomitant use of Desyrel® (trazodone hydrochloride) and BuSpar may have caused 3- to 6- fold elevations on SGPT (ALT). *Haloperidol*: In normal volunteers, concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations. The clinical significance of this finding is not clear. *Amitriptyline*: After addition of buspirone to the amitriptyline dose regimen, no statistically significant differences in the steady-state pharmacokinetic parameters (C_{max}, AUC, and C_{min}) of amitriptyline or its metabolite nortriptyline were observed. *Diazepam*: After addition of buspirone to the diazepam dose regimen, no statistically significant differences in the steady-state pharmacokinetic parameters (C_{max}, AUC, and C_{min}) were observed for diazepam, but increases of about 15% were seen for nordiazepam, and minor adverse clinical effects (dizziness, headache, and nausea) were observed. *Triazolam/Flurazepam*: Coadministration of buspirone with either triazolam or flurazepam did not appear to prolong or intensify the sedative effects of either benzodiazepine. *Nefazodone*: In a study of steady-state pharmacokinetics in healthy volunteers, coadministration of buspirone (2 5 or 5 mg b.i.d.) with nefazodone (250 mg b.i.d.) resulted in marked increases in plasma buspirone concentrations (increases up to 20-fold in C_{max} and up to 50-fold in AUC) and statistically significant decreases (~50%) in plasma concentrations of the buspirone metabolite 1-PP. With 5 mg b.i.d. doses of buspirone, slight increases in AUC were observed for nefazodone (23%) and its metabolites hydroxynefazodone (17%) and meta-chlorophenylpiperazine (9%). Subjects receiving buspirone 5 mg b.i.d. and nefazodone 250 mg b.i.d. experienced side effects such as lightheadedness, asthenia, dizziness, and somnolence. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Other Psychotropics*: The concomitant use of BuSpar with other CNS-active drugs should be approached with caution. *Cimetidine*: Coadministration of buspirone with cimetidine was found to increase C_{max} (40%) and T_{max} (2-fold), but had minimal effects on the AUC of buspirone. *Erythromycin*: In a study in healthy volunteers, coadministration of BuSpar (10 mg/day) with erythromycin (1 5 g/day) increased plasma buspirone concentrations (fivefold increase in C_{max} and sixfold increase in AUC). These pharmacokinetic interactions were accompanied by an increased incidence of side effects attributable to buspirone. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Itraconazole*: In healthy volunteers, coadministration of BuSpar (10 mg/day) with itraconazole (200 mg/day) increased plasma buspirone concentrations (13-fold increase in C_{max} and 19-fold increase in AUC). These pharmacokinetic interactions were accompanied by an increased incidence of side effects attributable to buspirone. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Potential Interaction with Drugs That Inhibit Cytochrome P450 3A4 (CYP3A4)*: Buspirone has been shown *in vitro* to be metabolized by CYP3A4. Consequently, if BuSpar is to be used in combination with a potent inhibitor of CYP3A4, a low dose of buspirone (e.g., 2 5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Protein Binding*: *In vitro*, buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin; phenytoin, phenobarbital, digoxin and Synthroid®. Therapeutic levels of aspirin, desipramine, diazepam, flurazepam, ibuprofen, propranolol, thioridazine, and tolbutamide had only a limited effect on the extent of binding of buspirone to plasma proteins (see **CLINICAL PHARMACOLOGY** section). ***Carcinogenesis, Mutagenesis, Impairment of Fertility*** - No evidence of carcinogenic potential was observed in rats or mice; buspirone did not induce point mutations, nor was DNA damage observed; chromosomal aberrations or abnormalities did not occur. ***Pregnancy: Teratogenic Effects*** - Pregnancy Category B. Should be used during pregnancy only if clearly needed. ***Nursing Mothers*** - Administration to nursing women should be avoided if clinically possible. ***Pediatric Use*** - The safety and effectiveness have not been determined in individuals below 18 years of age. ***Use in the Elderly*** - The safety and efficacy profiles of buspirone in 605 anxious, elderly patients (mean age = 70 8 years) were similar to those in a younger population (mean age = 43.3 years). There were no effects of age on the pharmacokinetics of buspirone. ***Use in Patients With Impaired Hepatic or Renal Function*** - Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment. A pharmacokinetic study in patients with impaired hepatic or renal function demonstrated increased plasma levels and a lengthened half-life of buspirone (see **CLINICAL PHARMACOLOGY** section).

ADVERSE REACTIONS (See also PRECAUTIONS): ***Commonly Observed*** - The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients include dizziness, nausea, headache, nervousness, lightheadedness, and excitement. ***Associated With Discontinuation of Treatment*** - The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling, gastrointestinal disturbances (1.2%), primarily nausea, miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary. ***Incidence in Controlled Clinical Trials*** - Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: *Cardiovascular*: Tachycardia/palpitations 1%. *CNS*: Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT*: Blurred vision 2%. *Gastrointestinal*: Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal*: Musculoskeletal aches/pains 1%. *Neurological*: Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin*: Skin rash 1%. *Miscellaneous*: Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%. ***Other Events Observed During the Entire Premarketing Evaluation*** - The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses under well-controlled, open and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. *Cardiovascular* - frequent: nonspecific chest pain; infrequent: syncope, hypotension, and hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System* - frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, involuntary movements, slowed reaction time, suicidal ideation, seizures, rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT* - frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine* - rare: galactorrhea, thyroid abnormality. *Gastrointestinal* - infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary* - infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal* - infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias; rare: muscle weakness. *Respiratory* - infrequent: hyperventilation, shortness of breath, and chest congestion; rare: epistaxis. *Sexual Function* - infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin* - infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory* - infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous* - infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, and hiccoughs.

POSTINTRODUCTION CLINICAL EXPERIENCE: Rare occurrences of allergic reactions (including urticaria), angioedema, cogwheel rigidity, dizziness (rarely reported as vertigo), dystonic reactions, ataxias, extrapyramidal symptoms, dyskinesias (acute and tardive), ecchymosis, emotional lability, serotonin syndrome, transient difficulty with recall, urinary retention and visual changes (including tunnel vision) have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar (buspirone HCl) has not been determined.

DRUG ABUSE AND DEPENDENCE: ***Controlled Substance Class*** - Not a controlled substance. ***Physical and Psychological Dependence*** - Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (e.g., development of tolerance, incrementation of dose, drug-seeking behavior).

OVERDOSAGE: ***Signs and Symptoms*** - At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. A few cases of overdosage have been reported with complete recovery as the usual outcome. No deaths have been reported following overdosage with BuSpar alone. Rare cases of intentional overdosage with a fatal outcome were invariably associated with ingestion of multiple drugs and/or alcohol, and causal relationship to buspirone could not be determined. ***Recommended Overdose Treatment*** - General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

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THE DANGER WITHIN
Continued

name—undeveloped eggs in ovaries that appear as multiple cy ultrasound images—doesn't affec ery woman with PCOS.

"In my experience, as many a of women walking around with P don't know it," says Roger A. M.D., chairman of the departme obstetrics and gynecology at Colu University College of Physician Surgeons, in New York City.

Sometimes a patient with PC diagnosed in her teens—perhaps gynecologist who's able to piec gether disparate symptoms, or dermatologist who's "particu aware of what male hormones ca to the skin," explains Walter Fu weit, M.D., a clinical profess medicine in the division of docrinology at Mount Sinai Sch Medicine, in New York City. women don't discover they PCOS until they have trouble ceiving a child.

But new research suggests PCOS is much more than just a ity problem. Scientists have dis ered that women with the disc are unable to use insulin efficie "PCOS is a metabolic disturb with far-ranging health effects creasing a woman's risk of diab heart disease and endometrial can says John Nestler, M.D., profess medicine and chairman of the div of endocrinology and metabolis Virginia Commonwealth Univer in Richmond.

Fortunately, once diagnosed, the order can be controlled. Mild case be managed with appropriate diet exercise to help correct the meta problem at its root. Drugs have pr effective in helping to regulate menstrual cycle, counter excess growth, even to restore fertility.

Being informed is the key. T are more resources for the disc now than when Kushnick was l ng twelve years ago—thanks, in to a growing network of PC women. "I started chatting with t over the phone, and followed with packets of medical literatur

ed about PCOS," says Kush- Soon she was overwhelmed quests.

ay, she heads the PCOS support of the American Infertility Asso- , a nonprofit organization based w York. Last October, she d a conference to educate pa- on PCOS at Mount Sinai.

tors need to be informed, too. tionally, reproductive disorders ot been part of general medical g," says Andrea Dunaif, M.D., rmist endocrinologist specializing oduction at Brigham and Wom- ospital, in Boston. "A lot of ob- ans, gynecologists and internists COS women they're too fat, put on the Pill, and that's it. There's a lack of appreciation of the erm consequences."

YOU AT RISK?

gh the underlying cause of S remains a mystery, medical re- ers believe that insulin resistance ff a chain reaction that throws ones out of kilter. As the disorder esses, certain cells in the body less responsive to insulin and -sugar levels climb, which causes ncreas to step up insulin produc- n turn, the excess insulin stimu- he ovaries and adrenal gland to out testosterone and other an- ns, which can disrupt ovulation. nding on a woman's sensitivity to hormones, she may develop acne ale-pattern hair growth or loss. e to properly utilize insulin also ow metabolism, which helps ex- why so many PCOS women are eight, says Dunaif. At the same she notes, it's likely the male hormones increase appetite.

But that's not the worst of it. A PCOS woman continues to produce estrogen, but stops manufacturing progesterone. This imbalance causes the lining of the uterus to continue thickening, a condition that can invite endometrial cancer. Estrogen also stimulates the pituitary gland to release luteinizing hormone (LH), which signals the ovaries to release an egg. In normal functioning, after the egg is released, levels of LH drop; in women with PCOS, they remain elevated.

PCOS can culminate in diabetes and cardiovascular disease. Women with the disorder tend to have low HDLs (good cholesterol), high LDLs (bad cholesterol) and elevated triglycerides—factors that make them prime candidates for heart attack and stroke.

Experts advise any woman with an irregular menstrual cycle to be evaluated for PCOS. Family history of the disease is also a risk factor. In a study of around one hundred families, Dunaif found that 50 percent of sisters of PCOS women either have the disorder or show signs of it.

A DIFFICULT BALANCING ACT

Because the range and severity of symptoms vary enormously, no treatment fits all patients. If the woman is overweight, doctors first recommend lifestyle changes—regular exercise and a low-calorie, low-carbohydrate diet. Slimming down can help restore fertility and lower male hormone levels for some patients, experts say.

Long a mainstay of PCOS therapy, oral contraceptives are still used to regulate periods and suppress excess male hormones, which can clear acne and alleviate hirsutism. More important, they reduce the risk of endometrial cancer. (Women with PCOS should avoid forms of the Pill that contain a progestin called Levonorgestrel, which mimics male hormones, potentially worsening symptoms.) Spironolactone is commonly prescribed with *(continued)*

OR MORE NFORMATION

earn more about Polycystic Ovary Syndrome, tact the American Infertility Association, Fifth Avenue, Suite 278, New York, NY 10103; -917-3777; *www.americaninfertility.org*



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the Pill for its anti-androgen properties, which help to manage severe hirsutism and replenish hair on the head. (Women who are or plan to become pregnant should not take spironolactone.)

But the latest approach to PCOS therapy is drugs—such as Glucophage and Rezulin—that treat the insulin resistance believed to be at the core of the disorder. Glucophage can help patients lose ten to fifteen pounds, and both drugs lower testosterone levels, which decreases acne and hirsutism. The medications have also been shown to reduce circulating levels of LH and insulin—changes that experts hope may translate into increased protection against diabetes and heart disease.

Finally, Glucophage and Rezulin frequently restore ovulation. In clinical trials of Glucophage, PCOS women who'd been unable to conceive by any other method got pregnant.

Another approach for PCOS sufferers unable to conceive is the fertility drug clomiphene citrate (Clomid, Milophene or Serophene). If three cycles of the medication fail to induce ovulation, the next step is injections of gonadotropin, which are pituitary hormones that regulate ovulation.

Because those with PCOS may be at higher risk than others for complications of fertility treatments—multiple births, miscarriage and ovarian hyperstimulation, a potentially life-threatening condition—they should choose fertility specialists with expertise in treating these conditions.

"My doctor was very conservative, stepping up the dose of the fertility drugs in tiny increments to avoid serious side effects," says a thirty-five-year-old PCOS patient who requested anonymity. The cautious approach paid off. After three rounds of Clomid and four rounds with gonadotropin, her pregnancy was complication-free, and she now has a healthy two-year-old girl. Her success story is not unique: The vast majority of PCOS women can have a baby with fertility therapy.

The latest development is an experimental drug, INS-1, an insulin-sensitizing agent similar to Glucophage and Rezulin, that has shown promising results in clinical trials. After six to eight weeks on the drug, 86 percent of PCOS patients ovulated, compared with 27 percent of women in the placebo group, according to a study reported last April in *The New England Journal of Medicine*. And no side effects were reported.

Once diagnosed, PCOS can be controlled. Drugs are effective in helping to regulate the menstrual cycle and restore fertility

LIVING WITH PCOS

Even with treatment, having PCOS can be an ordeal. The most distressing aspect, according to a survey of patients, is the disorder's visible markers, which can be especially devastating for young women.

"Freakish" is how a thirty-nine-year-old Sacramento-based journalism student describes her early twenties, when PCOS threw her a quadruple whammy: Her weight ballooned, and she developed acne, facial hair and bald patches on the crown of her head.

Lacking medical insurance, she went to the California Department of Health Services, which refused to cover electrolysis. She was able to get another state agency to cover four hundred hours of facial electrolysis, and she no longer endures the indignity of a beard.

For now, PCOS's effects aren't easily erased, but most sufferers agree that education and emotional support can help. "The feeling of solidarity is so empowering," says Kushnick. ■

Kathleen McAuliffe is a frequent contributor to Ladies' Home Journal.

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CONTRAINDICATIONS: Transderm Scōp is specifically contr persons who are hypersensitive to the drug scopolamine or belladonna alkaloids, or to any ingredient or component in the f delivery system; or in patients with angle closure narrow ang

WARNINGS: Transderm Scōp should not be used in children a used with special caution in the elderly. See PRECAUTIONS

Since drowsiness, disorientation, and confusion may oc use of scopolamine, patients should be warned of the possib tioned against engaging in activities that require mental alert driving a motor vehicle or operating dangerous machinery

Potentially alarming idiosyncratic reactions may occur therapeutic doses of scopolamine

PRECAUTIONS

General: Scopolamine should be used with caution in patient obstruction, or urinary bladder neck obstruction. Caution sho cised when administering an antiemetic or antimuscarinic dru suspected of having intestinal obstruction

Transderm Scōp should be used with special caution in t in individuals with impaired metabolic, liver, or kidney function the increased likelihood of CNS effects

Caution should be exercised in patients with a history of sc chosis, since scopolamine can potentially aggravate both diso

Information for Patients: Since scopolamine can cause temp of the pupils and blurred vision if it comes in contact with the e should be strongly advised to wash their hands thoroughly w water immediately after handling the patch. In addition, it is in used patches be disposed of properly to avoid contact with chil

Patients should be advised to remove the patch immediat tact a physician in the unlikely event that they experience a acute narrow-angle glaucoma (pain in and reddening of the panied by dilated pupils). Patients should also be instructed to patch if they develop any difficulties in urinating

Patients should be warned against driving a motor vehicle dangerous machinery while wearing the patch. Patients wh these activities should also be aware of the possibility of vertig toms when the patch is removed. Patients who expect to g underwater sports should be cautioned regarding the potentia ing effects of scopolamine. A patient brochure is available

Drug Interactions: Scopolamine should be used with care taking drugs, including alcohol, capable of causing CNS effe attention should be given to drugs having anticholinergic e.g., belladonna alkaloids, antihistamines (including meclizine depressants

Carcinogenesis, Mutagenesis, Impairment of Fertility: N studies in animals have been performed to evaluate carcinogen Fertility studies were performed in female rats and revealed no impaired fertility or harm to the fetus due to scopolamine hy administered by daily subcutaneous injection. In the highest- (plasma level approximately 500 times the level achieved in hu a transdermal system), reduced maternal body weights were o

Pregnancy Category C: Teratogenic studies were performed rats and rabbits with scopolamine hydrobromide administer intravenous injection. No adverse effects were recorded in the rabbits, the highest dose (plasma level approximately 100 tim achieved in humans using a transdermal system) of drug a had a marginal embryotoxic effect. Transderm Scōp shoul during pregnancy only if the anticipated benefit justifies the pote the fetus

Nursing Mothers: It is not known whether scopolamine in human milk. Because many drugs are excreted in hu caution should be exercised when Transderm Scōp is admini nursing woman

Pediatric Use: Children are particularly susceptible to the sid belladonna alkaloids. Transderm Scōp should not be used because it is not known whether this system will release an scopolamine that could produce serious adverse effects in child

ADVERSE REACTIONS: The most frequent adverse reaction to Scōp is dryness of the mouth. This occurs in about two thirds ple. A less frequent adverse reaction is drowsiness, which occ than one sixth of the people. Transient impairment of eye accor including blurred vision and dilation of the pupils, is also observ

The following adverse reactions have also been reported oc occasions during the use of Transderm Scōp: disorientation; m turbances; dizziness; restlessness; hallucinations; confusion; di nating; rashes and erythema; acute narrow-angle glaucoma; an or red eyes.

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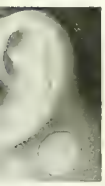
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Not for children or those with glaucoma, difficulty in urinating, or an allergy to scopolamine or other belladonna alkaloids. In clinical studies, some side effects were noted, including blurred vision, dryness of the mouth (in two-thirds of users) and drowsiness (reported incidence less than 1 in 6). While using this product, you should not drive, operate dangerous machinery or do other things that require alertness. Avoid using alcohol. If you are elderly, your physician should exercise special care in prescribing this product. See adjoining page for additional information on potential adverse reactions or side effects.
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Why Am I Always HUNGRY?

Are you constantly thinking about food? Find out what's behind your raging appetite

By Sharlene K. Johnson

ASK ROBYN DINO to describe her hunger, and the thirty-five-year-old Denver publicist doesn't hesitate. "My stomach rumbles; I get light-headed, shaky, unfocused, and my mood goes south very quickly," she says.

Lately, she even wakes up at three A.M., starving. She gets up and has a light snack, maybe some fruit or yogurt. A few hours later, she's ready for breakfast. Knowing that she can't ignore her hunger, she keeps snacks in her desk at work and in the car. She stays thin—but only by being active and keeping her frequent meals small, she says.

Marie Schindler also craves food. She remembers once raving about her meal while out to dinner with her husband. "I was going on and on, and my husband said, 'It's only a hamburger!' He eats to live, whereas I thoroughly enjoy food," admits this thirty-seven-year-old mother of one, who lives in Edmond, Oklahoma.

Unlike the physical urge Dino describes, the hunger that once led Schindler to overindulge was ruled by emotions. "I ate more for the pleasure it brought me," she says. In the past year, though, she's begun to change her approach to food—and has dropped thirty-five pounds.

In an LHJ poll, 44 percent of respondents said they think about food all the time. Why are so many of us consumed by it? What may seem like a simple fact of life, appetite, is a complex mechanism with roots in psychology as well as physiology. The following is a guide to help you understand—and control—your hunger.

BORN TO BINGE?

Hunger is controlled by a slew of chemicals in the body, including blood glucose, or blood sugar. "This is the preferred fuel of the brain, and there is a whole set of hormones and mechanisms to keep it at a constant level," explains Arthur Campfield, Ph.D., associate director of research at the University of Colorado's Center for Human Nutrition, in Denver.

(continued)



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(continued) Scientists believe that the brain constantly checks the glucose level throughout the day. When it dips, you begin to feel hungry. Once you eat, glucose rises. And while the peak-and-valley pattern is remarkably similar from person to person—a late-afternoon dip is common, for instance—some of us are more sensitive to it than others. People like Dino get dizzy and shaky if they don't eat every couple of hours, while others can ignore the signals. In fact, if you don't eat right away, your body uses stored glycogen, which will raise your blood sugar and dampen your appetite, at least temporarily. "If you've ever worked through lunch, this is probably what happened," says Campfield.

Changes in brain chemicals, such as serotonin, dopamine and norepinephrine, also affect hunger. "We know that the foods you eat can affect levels of these neurochemicals, which influence mood, hunger and satiety," says Campfield. Carbohydrates, for instance, change levels of serotonin, which induces a calmer mood. "Similarly, changes in brain chemistry can affect perceptions of hunger." So if you're low in serotonin, you'll crave carbohydrates.

Another factor in appetite control is a hormone called leptin, which tends to increase as body fat increases. In normal-weight people, rising leptin levels curb hunger, which helps regulate body weight. But sometimes the signal goes awry, usually in those who are overweight. Researchers are experimenting with giving people additional leptin; one recent study group did lose weight on a regimen of daily injections.

To a large degree, you also have your genes to thank for your appetite. According to a recent study of twins by John DeCastro, Ph.D., a professor of psychology at Georgia State University, in Atlanta, heredity influences not only how hungry we are before meals but also how full we feel after we've eaten. But don't be too quick to blame Mom and Dad if you're piling on the pounds. According to an editorial in the *Journal of the American Medical Association* last fall, genes are clearly not responsible for the epidemic of obesity in the last two decades because the gene pool in the U.S. did not change significantly during these years. Instead, the true culprits appear to be reduced activity and increased calories.

For some people, especially those who are closely in tune with their feelings of hunger, healthy snacks at regular intervals help prevent overeating at mealtimes. Others, particularly emotional eaters, find that snacking merely adds to their total calorie intake.

GET MORE SATISFACTION

These meals will stick to your ribs, so you'll feel full longer. According to Dianne Moeller, R.D., they have just the right mix of nutrients to sustain you until your next meal. —S.K.J.



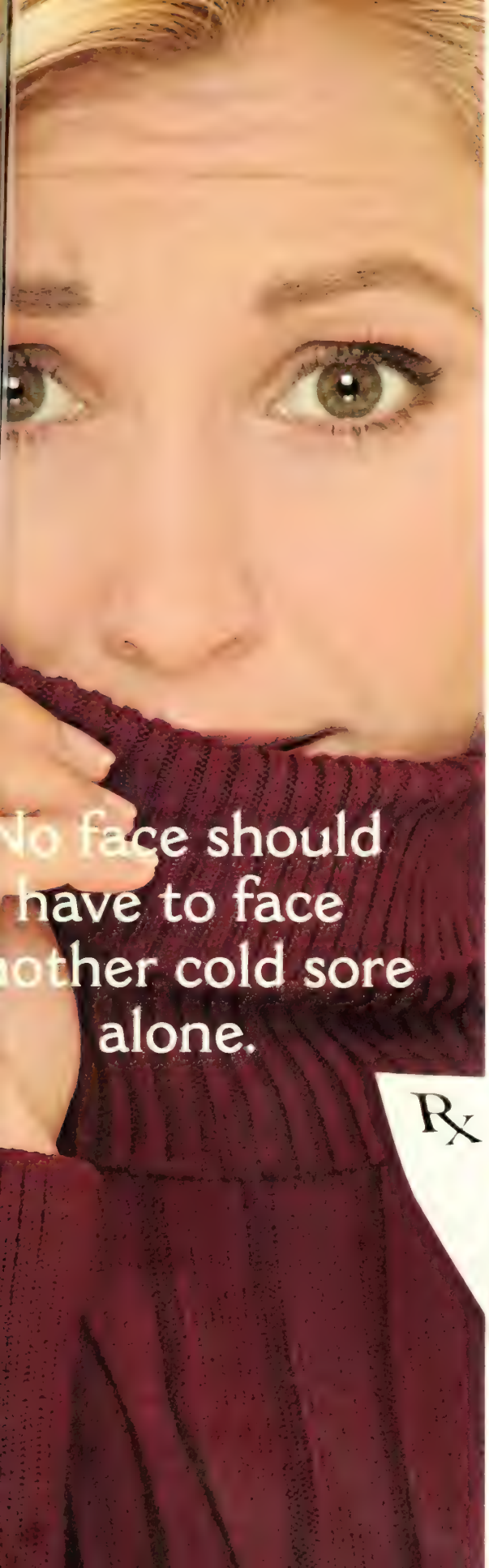
	INSTEAD OF:	FILL UP ON:
BREAKFAST	• White toast with jam, orange juice • Blueberry muffin	• Half a multigrain bagel with low-fat cream cheese or peanut butter, and an orange • High-fiber cereal with fruit and skim milk; small yogurt
LUNCH	• [illegible] • Chicken noodle soup, [illegible] crackers	• Tuna sandwich, low-fat cottage cheese, carrot sticks • Salad with chicken and vegetables, low-fat dressing; piece of whole-grain bread
DINNER	• Spaghetti with marinara sauce, garlic bread • Fried chicken, mashed potatoes	• Seafood pasta, steamed broccoli • Grilled chicken, baked yam, steamed vegetables, whole-grain bread
SNACKS	• [illegible] potato chips • Candy bar or pastry	• Low-fat string cheese • Low-fat frozen yogurt with fruit and nuts

MORE, MORE, MORE

One reason so many of us are always consumed with food is that it is simply everywhere these days. McDonald's and Subways line our streets; airport terminals look like food courts. "We see food everywhere—what we don't see is activity," says Maureen Storey, Ph.D., associate director of the Georgetown University Center for Food and Nutrition Policy, in Washington, D.C.

Portion sizes have increased dramatically in recent years. In addition, there are plenty of situations that make overeating easy. DeCastro, who has studied food intake at Georgia State University for decades, has discovered a direct correlation between the number of people you dine with and how much you eat. Sharing a meal with even one other person can boost your caloric intake by 44 percent. That's not to say you should always eat alone, but it is wise to be more conscious of how much you eat during big family dinners.

Eating on the run is another familiar trap. It takes about twenty minutes for your brain to register a feeling of fullness, which means you can easily consume more calories than you need. Plus, *(continued)*



Help cold sores disappear with antiviral DENAVIR

(penciclovir cream) 1%.

Cold sores are caused by a virus. That's why you need the prescription medicine, antiviral Denavir. It's the only clinically proven antiviral medicine for recurrent cold sores in healthy adults.

When you smooth on antiviral Denavir cream, its antiviral medicine penetrates to block the virus that causes cold sores.

Imagine, in 4 1/2 days your cold sore turning into a smile.



By blocking the virus, Denavir helps cold sores heal. You can apply Denavir at the tingle or when a blister appears. Imagine, in 4 1/2 days your face wearing a smile instead of a cold sore.

Some dry, flaky skin may remain. In clinical studies, a few people experienced headache and redness.

Don't wait until your next cold sore strikes. Ask your physician or dentist about antiviral Denavir now. Or call 1-888-DENAVIR or visit our website at: www.denavir.com.

Rx PRESCRIPTION



Help cold sores disappear with antiviral DENAVIR.

Prescription Denavir-the antiviral medicine that heals cold sores. For more information, call 1-888-DENAVIR or visit our website at www.denavir.com

Brief summary. See complete prescribing information in SmithKline Beecham Consumer Healthcare literature.

DENAVIR™
penciclovir cream) 1%
For Dermatologic Use Only

INDICATIONS AND USAGE
Denavir is indicated for the treatment of recurrent herpes labialis (cold sores) in adults.

CONTRAINDICATIONS
Patients with known hypersensitivity to the product or any of its components

PRECAUTIONS
Use *Denavir* only on herpes labialis on the lips and face. Because no data are available, application to human mucous membranes is not recommended. Avoid application in or near the eyes since *Denavir* may cause irritation. The effect of *Denavir* has not been established in immunocompromised patients

Carcinogenesis, Mutagenesis, Impairment of Fertility
In clinical trials, systemic drug exposure following topical administration of penciclovir cream was negligible, as penciclovir content of all plasma and urine samples was below the limit of assay detection (0.1 mcg/mL and 10 mcg/mL, respectively). However, for the purpose of inter-species dose comparisons presented in the following sections, an assumption of 100% absorption of penciclovir from the topically applied product has been used. Based on use of the maximal recommended topical dose of penciclovir of 0.05 mg/kg/day and assuming 100% absorption, the maximum theoretical plasma AUC0-24 hrs for penciclovir is approximately 0.129 mcg hr/mL.
Carcinogenesis: Two-year carcinogenicity studies were conducted with famciclovir (the oral prodrug of penciclovir) in rats and mice. An increase in the incidence of mammary adenocarcinoma (a common tumor in female rats of the strain used) was seen in female rats receiving 600 mg/kg/day (approximately 395x the maximum theoretical human exposure to penciclovir following application of the topical product, based on area under the plasma concentration curve comparisons [24 hr. AUC]). No increases in tumor incidence were seen among male rats treated at doses up to 240 mg/kg/day (approximately 190x the maximum theoretical human AUC for penciclovir), or in male and female mice at doses up to 600 mg/kg/day (approximately 100x the maximum theoretical human AUC for penciclovir).
Mutagenesis: When tested *in vitro*, penciclovir did not cause an increase in gene mutation in the Ames assay using multiple strains of *S. typhimurium* or *E. coli* (at up to 20,000 mcg/plate), nor did it cause an increase in unscheduled DNA repair in mammalian HeLa S3 cells (at up to 5,000 mcg/mL). However, an increase in clastogenic responses was seen with penciclovir in the L5178Y mouse lymphoma cell assay at doses ≥1000 mcg/mL and, in human lymphocytes incubated *in vitro* at doses ≥250 mcg/mL. When tested *in vivo*, penciclovir caused an increase in micronuclei in mouse bone marrow following intravenous administration of doses ≥500 mg/kg (≥810x the maximum human dose, based on body surface area conversion).
Impairment of Fertility: Testicular toxicity was observed in rats and dogs following repeated intravenous administration of penciclovir (160 mg/kg/day and 100 mg/kg/day, respectively, approximately 1155 and 3255x the maximum theoretical human AUC). Testicular changes seen in both species included atrophy of the seminiferous tubules and reductions in epididymal sperm counts and/or an increased incidence of sperm with abnormal morphology or reduced motility. Adverse testicular effects were related to an increasing dose or duration of exposure to penciclovir. No adverse testicular or reproductive effects (fertility and reproductive function) were observed in rats after 10 to 13 weeks dosing at 80 mg/kg/day, or testicular effects after 13 weeks dosing at 30 mg/kg/day (575 and 845x the maximum theoretical human AUC, res... Intravenously administered penciclovir had no effect on fertility or reproductive performance in fe... doses of up to 80 mg/kg/day (260x the maximum human dose [BSA]). There was no evidence of significant effects on sperm count, motility or morphology in two placebo-controlled clinical trials ... (famciclovir [the oral prodrug of penciclovir], 250 mg b.i.d.; n=66) in immunocompetent men with genital herpes, when dosing and follow-up were maintained for 18 and 8 weeks, respectively (ap... 2 and 1 spermatogenic cycles in the human).
Pregnancy
Teratogenic Effects-Pregnancy Category B. No adverse effects on the course and outcome of ... on fetal development were noted in rats and rabbits following intravenous administration of penci... doses of 80 and 60 mg/kg/day, respectively (estimated human equivalent doses of 13 and 18 mg... the rat and rabbit, respectively, based on body surface area conversion; the body surface area dos... 260 and 355x the maximum recommended dose following topical application of the penciclovir cr... are no adequate and well-controlled studies in pregnant women. Because animal reproduction st... always predictive of human response, use penciclovir during pregnancy only if clearly needed.

Nursing Mothers
There is no information on whether penciclovir is excreted in human milk after topical administrat... However, following oral administration of famciclovir (the oral prodrug of penciclovir) to lactating ra... clovir was excreted in breast milk at concentrations higher than those seen in plasma. Therefore, ... ing whether to discontinue the drug, take into account the importance of the drug to the mother. T... data on the safety of penciclovir in newborns
Pediatric Use
Safety and effectiveness in pediatric patients have not been established
Geriatric Use
In 74 patients > 65 years of age, the adverse events profile was comparable to that observed in young...

ADVERSE REACTIONS
In two double-blind, placebo-controlled trials, 1516 patients were treated with *Denavir* and 1541 w... bo. The most frequently reported adverse event was headache, which occurred in 5.3% of the pati... with *Denavir* and 5.8% of the placebo-treated patients. One or more local adverse reactions were ... 2.7% of the patients treated with *Denavir* and 3.9% of placebo-treated patients. Local adverse reac... reported in Phase III trials with *Denavir* included application site reaction (1.3%), hypesthesia/local ... (0.9%), taste perversion (0.2%), erythematous rash (0.1%). Two studies enrolling 108 healthy subje... ated the dermal tolerance of 5% penciclovir cream (a 5-fold higher concentration than the commer... lation), compared to vehicle using repeated occluded patch testing methodology. The 5% penciclov... induced mild erythema in approximately one half of the subjects exposed, an irritancy profile simila... vehicle control in terms of severity and proportion of subjects with a response. No evidence of sens... was observed

DOSAGE AND ADMINISTRATION
Apply Denavir every 2 hours during waking hours for a period of 4 days. Start treatment as early as ... (i.e., during the prodrome or when lesions appear)

BRS-DV:L1
©SmithKline Beecham, 1999

Denavir®
(penciclovir cream) 1%

WHY AM I ALWAYS HUNGRY?
Continued

you miss out on the whole sensory experience of eating, which can leave you feeling unsatisfied.

Experts say that one thing you shouldn't blame an increased appetite on is working out, as many people tend to believe. The truth is, we really don't know if exercising makes us eat more, because study results have pointed both ways. "Exercise is definitely beneficial, and the nuances of what it does to your appetite are a secondary issue," says Matthew Hickey, Ph.D., an assistant professor of health and exercise science at Colorado State University, in Fort Collins. Not only will you burn more calories while you exercise, but you'll build muscle mass, which raises your resting metabolism.

HOW MANY CALORIES DO YOU REALLY NEED?

Of course, the best way to tell if you're eating the right amount is by paying attention to the fit of your clothes or periodically stepping on the scale. But if you'd like an estimate of the number of calories a woman your age typically needs, all it takes is a little math:

First, divide your weight in pounds by 2.2, then multiply that number by 21.6. Finally, multiply that number by 1.3 (if sedentary) or 1.5 (if lightly active) or 1.7 (if moderately active) or 1.9 (if very active) to get the total number of calories.

(Note: This calculator provides only a rough estimate of the number of calories you need to maintain your current weight. Individual needs can vary significantly. In most cases, cutting about 500 calories per day will allow you to lose approximately a pound per week safely. Don't start any weight-loss program without your doctor's approval.)

NEVER SATISFIED

To get to the bottom of a hearty ... petite, you also need to look at wh... you're eating. Obviously, inter... hunger can be a signal that you're ... getting enough calories. If you're e... tremely active and thin, or on a v... strict diet, that's something to consid... Cutting calories too drastically ser... your body into famine mode, whi... slows your metabolism and increa... your desire for sugar and fat. But ... you're eating enough—or too muc... judging by ever-tighter jeans—and yo... stomach is still growling, it's time ... look closely at the foods you're choo... ing. (Unusual hunger can also signal ... serious health problem, such as diabet... or a thyroid condition. Report any su... den change in appetite to your doctor.)

In the rush to cut fat from our die... protein sources such as meat and dai... products typically get axed as we ... leaving a diet heavy in carbohydrate... "This will make you eat more ofte... because the body burns carbohydrat... so quickly," explains Ingrid Skoo...

lirector of sports nutrition at
versity of Oregon, in Eugene.
I find that people who get
very quickly have not eaten
protein as part of their meal."
's particularly true when it
to breakfast. In fact, including
in her breakfast has helped
Schindler
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Collins,
rado. Not only is it natural to
what you can't have, but your
may begin to crave the nutrients
ng from your meals. And the link
not be obvious. For example, pre-
ary research found that women
don't get enough calcium are
likely to crave salty foods than
women with high calcium intake.

In order to feel satisfied, your best bet is to strive for what Skoog calls "mixed meals," which contain carbohydrates, at least two ounces of protein and, yes, even some fat. Similarly, foods with a low glycemic index (GI), which have little or no effect on blood sugar levels, may be more satisfying. High GI foods—sugary cereals, soda, fruit juice, potatoes—cause a sharp spike in blood sugar, which comes crashing down after the body responds with a rush of insulin. The result: hunger pangs. Some fruits, vegetables, beans and other low GI foods are slower to digest and have a less dramatic effect on blood sugar, which may help you feel full longer.



COMFORT FOODS

Quite often, the signals we interpret as hunger have nothing to do with food. "Sometimes people get thirst and hunger confused," says Skoog. Or maybe you're not getting enough sleep, so you turn to food for an energy boost when what you really need is a nap. Your daily trip to the vending machine at work simply could be a way to relieve stress.

"Sometimes people need to experiment," says Skoog. Try a glass of water, a nap, a brisk walk, a few minutes of meditation. "You won't ever satisfy a nonfood need with food."

Of course, that doesn't stop us from trying. For Marie Schindler, food has always been a source of comfort; finding other ways to satisfy emotional needs has been a huge part of her success in losing weight. In the past, whenever she felt overwhelmed or hurt, she would turn to food. Now, she turns to the Internet diet-and-fitness board she co-leads on *iVillage.com*. But a little indulgence is okay, she says. "If I eat a piece of cake, I don't feel guilty. I just get right back on track. It's not about dieting; it's about a healthy way of eating." ■

FINE WRINKLES? BROWN SPOTS? ROUGHNESS?

ASK YOUR DERMATOLOGIST ABOUT RENOVA®, FROM THE MAKERS OF RETIN-A®.

RENOVA, WITH A TOTAL SKIN CARE PROGRAM, WORKS.

When sunscreens and moisturizers are not enough, ask your doctors about adding RENOVA. RENOVA is unlike any cosmetic wrinkle cream. It is a prescription cream that is proven to work when used in combination with a total skin care program including sunscreens and protective clothing.

Because RENOVA is a prescription cream, you won't find it on any cosmetic shelf, you'll need to see your doctor. And while it won't work overnight, it can work for you.

HOW RENOVA AND RETIN-A ARE THE SAME. AND DIFFERENT.

RENOVA is a rich emollient cream whose active ingredient is a vitamin A derivative like the one naturally occurring in your body. It's called Tretinoin. The same active ingredient in RETIN-A.

But while RETIN-A is formulated for acne-prone skin, RENOVA is a rich emollient cream developed to treat fine wrinkles, brown spots, and surface texture. Leaving your skin with a softer, smoother texture. While not fully understood, researchers believe RENOVA works in the skin to reduce these signs of sun damage.

Like other prescription medications, RENOV has been tested for safety and effectiveness. Whi will *not* eliminate wrinkles, repair sun damaged or reverse the aging process, it is proven to *reduc* fine wrinkles, *fade* brown spots, and *smooth* roug ness.

When you use RENOVA, you can expect to experience some redness, itching, or flaking. Thi most often mild, and most common when treatr is started. When using RENOVA, or any cosmeti wrinkle cream, you should limit exposure to the and always use a sunscreen.

RENOVA is not appropriate for everyone, so talk to your doctor if you are on other medicatio pregnant or nursing. See attached information fo further explanation on who should or should no use RENOVA. RENOVA is a skin irritant. Results use beyond 48 weeks have not been established controlled clinical trials. Clinical trials in those ov 50 or with moderately or heavily pigmented skin have not been conducted.

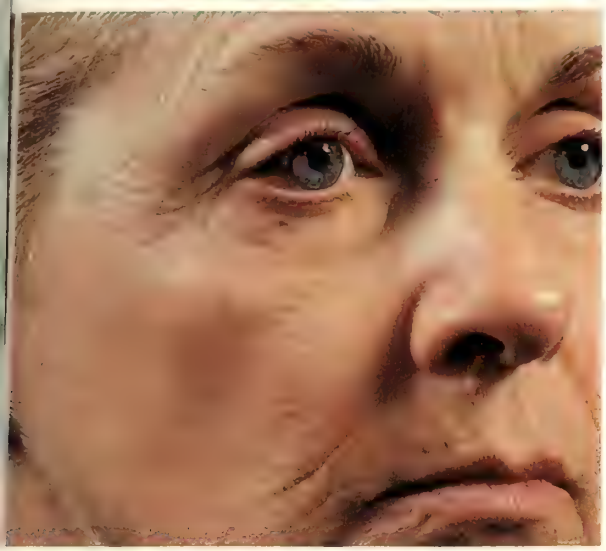
Call today for your FREE information k and $10 savings.

1-800-64-RENOVA

www.wrinklereport.com

Fine Wrinkles

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents minimal improvement. 64% of patients experienced either minimal(40%) or moderate(24%) improvement. 36% experienced no improvement.

Brown Spots

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents moderate improvement. 65% of patients experienced either moderate(38%) or minimal(27%) improvement. 35% experienced no improvement.

See following page for important information. ***© OPC 1999 04DD3086***

RENOVA®

(tretinoin emollient cream) 0.05%



RENOVA®
(TRETINOIN EMOLLIENT CREAM)
0.05%

RENOVA® (re-NO-vah)
Generic Name: Tretinoin Emollient Cream (0.05%)
FOR TOPICAL USE ON THE FACE ONLY

Patient Information

What is the Most Important Information about RENOVA?

RENOVA is a serious medication. It does not eliminate wrinkles or repair sun-damaged skin. It may help treat fine wrinkles, spotty discoloration, and rough feeling skin, but it does not "cure" these conditions. RENOVA should only be used under supervision of your health care provider as part of a broad skin care program. This program should include avoiding direct sunlight (by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing facial creams that do not contain tretinoin.

You should use RENOVA only at bedtime. Do not use drying skin care products. Use the smallest amount of RENOVA needed and avoid getting it in your eyes, ears, nose or mouth.

WARNING: Do not use RENOVA if you are pregnant or attempting to become pregnant. Avoid sunlight and any other medicines that may increase your sensitivity to sunlight (see below).

RENOVA has not been studied in people who are over 50 years of age or in people with moderately or darkly pigmented skin.

What is RENOVA?
(WHAT CAN I EXPECT FROM RENOVA?)

RENOVA is a serious medication that may help treat but will not "cure" fine wrinkles, spotty skin discoloration, and rough feeling skin.

Studies show that after 24 weeks, about 30% of the people who used RENOVA for fine wrinkles or spotty discoloration had moderate improvement, another 35% had minimal improvement and 35% had no improvement. About 16% of the people who used RENOVA for rough skin had moderate improvement, 35% had minimal improvement, and 49% had no improvement. There is no evidence that RENOVA treats coarse skin, deep wrinkles, yellowing skin, or other skin care problems.

RENOVA should be used as part of a broad skin care program. This program should include avoiding direct sunlight (by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing facial creams that do not contain tretinoin. Many people can achieve desired effects by using this program without using RENOVA. You should not use RENOVA until you have tried a broad skin treatment program without RENOVA.

When you use RENOVA, improvement in fine wrinkling, spotty skin discoloration and rough skin is not immediate and occurs gradually over time. Generally, you may notice some effects in 3 to 4 months. The effects are usually most noticeable at about 6 months with little additional improvement after that time. If RENOVA treatment is stopped, the improvement will gradually diminish.

The safety of using RENOVA daily for more than 48 weeks has not been established.

Who Should Not Use RENOVA?

You should not use RENOVA if you are sunburned or highly sensitive to the sun, if you have eczema, or if your skin is irritated. RENOVA can cause increased skin irritation and increased susceptibility to sunburn.

Since RENOVA may make your skin more sensitive to sunlight, you should tell your health care professional if you are also using other medicines that increase sensitivity to sunlight because you should not be using RENOVA with these medicines. These include but are not limited to: thiazides (used to treat high blood pressure), tetracyclines, fluoroquinolones or sulfonamides (used to treat infection), and phenothiazines (used to treat serious emotional problems). If you are taking any prescription medicines, non-prescription medicines or using any facial creams, check with a health care professional to make sure they do not interact with RENOVA.

Pregnancy Warning: Safe use during pregnancy has not been shown. There are reports of birth defects with laboratory animals and humans that were given tretinoin by mouth. You should not use RENOVA if you are pregnant or trying to become pregnant.

It is not known if RENOVA is passed to infants through breast milk. Safe use in children has not been shown.

The safety and effectiveness of RENOVA for people over age 50 or with darker skin coloration has not been proven.

How Should I Use RENOVA?

You should apply RENOVA to your face once a day before retiring using only enough to cover the entire affected area lightly. Gently wash your face with a mild soap, pat the skin dry, and wait 20 to 30 minutes before applying RENOVA. Apply a pea-sized amount of cream to cover your entire face. You may feel a warmth or slight stinging when RENOVA is first applied.

You must be especially careful when applying the cream to avoid your eyes, ears, nostrils, or mouth. RENOVA may cause severe redness, itching, burning, stinging, and peeling if applied to these areas.

Using larger than necessary amounts of RENOVA will not speed results and can cause an overdose. An overdose can result in red and peeling skin as well as some pain or discomfort.

You may use cosmetics after applying RENOVA. Make sure to clean your face thoroughly before applying RENOVA again.

What Should I Avoid While Using RENOVA?

RENOVA increases your sensitivity to sunlight. Avoid sunlight as much as possible. Use protective clothing and a sunscreen with a minimum SPF of 15. Do not sunbathe or use sunlamps. If you are sensitive to sunlight or have a job that requires you to be out in the sun for long periods, you must use extreme caution.

While using RENOVA, avoid any products that can dry or irritate the skin. For example, avoid products applied to the skin that contain alcohol, spices, or lime. Also, avoid cleansers, hair removal, or other products that can irritate the skin.

What Are the Possible Side Effects of RENOVA?

The most common side effects are skin reactions. Itching, red, and dry skin have been reported. So have burning, stinging, and peeling skin. These are most often mild and are most common when treatment is started.

How Can I Get Additional Information?

This leaflet summarizes the most important information about RENOVA. If you would like more information, talk to your doctor or other health care provider. There is also a leaflet written for health professionals that your pharmacist can provide for you.

ORTHO
DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey 08869

© OPC 1991 Revised February 1998 653-10-870-5P
U.S. Patents 4,603,146, 4,423,041 and 4,877,805

Retin-A® (tretinoin)

Cream · Gel · Liquid
For Topical Use Only

PATIENT INSTRUCTIONS
Acne Treatment
IMPORTANT
Read Directions Carefully Before Using

THIS LEAFLET TELLS YOU ABOUT RETIN-A (TRETINOIN) ACNE TREATMENT AS PRESCRIBED BY YOUR PHYSICIAN. THIS PRODUCT IS TO BE USED ONLY ACCORDING TO YOUR DOCTOR'S INSTRUCTIONS, AND IT SHOULD NOT BE APPLIED TO OTHER AREAS OF THE BODY OR TO OTHER OTHER DISORDERS HAVE NOT BEEN EVALUATED. IF YOU HAVE ANY QUESTIONS, BE SURE TO ASK YOUR DOCTOR.

WARNINGS AND PRECAUTIONS

The effects of the sun on your skin. As you know, overexposure to natural sunlight or the artific of a sunlamp can cause sunburn. Overexposure to the sun over many years may cause premature skin and even skin cancer. The chance of these effects occurring will vary depending on skin type and the care taken to avoid overexposure to the sun. Therapy with RETIN-A may make your susceptible to sunburn and other adverse effects of the sun, so unprotected exposure to natura

Laboratory findings. *When laboratory mice are exposed to artificial sunlight, they often de topically treated with the active ingredient in RETIN-A, tretinoin. In some studies, under different however, when mice treated with tretinoin were exposed to artificial sunlight, the incidence development of skin tumors was reduced. There is no evidence to date that tretinoin alone will development of skin tumors in either laboratory animals or humans. However, investigations in th continuing.*

Use caution in the sun. When outside, even on hazy days, areas treated with RETIN-A should be An effective sunscreen should be used any time you are outside (consult your physician for a recomm of an SPF level which will provide you with the necessary high level of protection). For extra exposure, protective clothing, like a hat, should be worn. Do not use artificial sunlamps while you RETIN-A. If you do become sunburned, stop your therapy with RETIN-A until your skin has recover

Avoid excessive exposure to wind or cold. Extremes of climate tend to dry or burn normal treated with RETIN-A may be more vulnerable to these extremes. Your physician can recommend manage your acne treatment under such conditions.

Possible problems. The skin of certain sensitive individuals may become excessively red blistered or crusted. If you are experiencing severe or persistent irritation, discontinue the use of RE consult your physician.

There have been reports that, in some patients, areas treated with RETIN-A developed a temporar or decrease in the amount of skin pigment (color) present. The pigment in these areas returned either when the skin was allowed to adjust to RETIN-A or therapy was discontinued.

Use other medication only on your physician's advice. Only your physician knows which other m may be helpful during treatment and will recommend them to you if necessary. Follow the p instructions carefully. In addition, you should avoid preparations that may dry or irritate your sk preparations may include certain astringents, toiletries containing alcohol, spices or lime, or certain soaps, shampoos and hair permanent solutions. Do not allow anyone else to use this medication.

Do not use other medications with RETIN-A which are not recommended by your doctor. The m you have used in the past might cause unnecessary redness or peeling.

If you are pregnant, think you are pregnant or are nursing an infant: No studies have been c in humans to establish the safety of RETIN-A in pregnant women. If you are pregnant, think you are or are nursing a baby, consult your physician before using this medication.

GELS ARE FLAMMABLE. Note: Keep away from heat and flame. Keep tube tightly closed.

AND WHILE YOU'RE ON RETIN-A THERAPY

Use a mild, non-medicated soap. Avoid frequent washings and harsh scrubbing. Acne isn't caused no matter how hard you scrub, you can't wash it away. Washing too frequently or scrubbing too ro at times actually make your acne worse. Wash your skin gently with a mild, bland soap. Two or thre day should be sufficient. Pat skin dry with a towel. Let the face dry 20 to 30 minutes before RETIN-A. Remember, excessive irritation such as rubbing, too much washing, use of other medica suggested by your physician, etc., may worsen your acne.

HOW TO USE RETIN-A (TRETINOIN)

To get the best results with RETIN-A therapy, it is necessary to use it properly. Forget about the inst given for other products and the advice of friends. Just stick to the special plan your doctor has la you and be patient. Remember, when RETIN-A is *used properly,* many users see improvement by AGAIN, FOLLOW INSTRUCTIONS – BE PATIENT – DON'T START AND STOP THERAPY ON YOUR YOU HAVE QUESTIONS, ASK YOUR DOCTOR.

To help you use the medication correctly, keep these simple instructions in mind:



- Apply RETIN-A once daily before bedtime, or as directed by your physician. Your physician may advise, especially if your skin is sensitive, that you start your therapy by applying RETIN-A every other night. First, wash with a mild soap and dry your skin gently. WAIT 20 to 30 MINUTES BEFORE APPLYING MEDICATION; it is important for skin to be completely dry in order to minimize possible irritation.
- It is better not to use more than the amount suggested by your physician or to apply more frequently than instructed. Too much may irritate the skin, waste medication and won't give faster or better results.
- Keep the medication away from the corners of the nose, mouth, eyes and open wounds. *Spread away from these areas when applying*
- *Cream:* Squeeze about a half inch or less of medication ont fingertip. While that should be enough for your whole face, after you have some experience with t cation you may find you need slightly more or less to do the job. The medication should become almost immediately. If it is still visible, you are using too much. Cover the affected area lightly with (tretinoin) Cream by first dabbing it on your forehead, chin and both cheeks, then spreading it entire affected area. Smooth gently into the skin.
- *Gel:* Squeeze about a half inch or less of medication onto the fingertip. While that should be en your whole face, after you have some experience with the medication you may find you need slig or less to do the job. The medication should become invisible almost immediately. If it is still visi dry flaking occurs from the gel **within a minute or so,** you are using too much. Cover the affec lightly with RETIN-A (tretinoin) Gel by first dabbing it on your forehead, chin and both cheeks, then sp it over the entire affected area. Smooth gently into the skin.
- *Liquid:* RETIN-A (tretinoin) Liquid may be applied to the skin where acne lesions appear, sprea medication over the entire affected area, using a fingertip, gauze pad, or cotton swab. If gauze is employed, care should be taken not to oversaturate it to the extent that the liquid would run in where treatment is not intended (such as corners of the mouth, eyes, and nose).
- It is recommended that you apply a moisturizer or a moisturizer with sunscreen that will not aggrav acne (noncomedogenic) every morning after you wash.

WHAT TO EXPECT WITH YOUR NEW TREATMENT

RETIN-A works deep inside your skin and this takes time. You cannot make RETIN-A work any f applying more than one dose each day, but an excess amount of RETIN-A may irritate your skin. Be There may be some discomfort or peeling during the early days of treatment. Some patients also no their skin begins to take on a blush.

These reactions do not happen to everyone. If they do, it is just your skin adjusting to RETIN-A usually subsides within two to four weeks. These reactions can usually be minimized by following inst carefully. Should the effects become excessively troublesome, consult your doctor.

BY THREE TO SIX WEEKS, some patients notice an appearance of new blemishes (papules and pu At this stage it is *important to continue* using RETIN-A.

If RETIN-A is going to have a beneficial effect for you, you should notice a continued improvemen appearance after 6 to 12 weeks of therapy. Don't be discouraged if you see no immediate improveme stop treatment at the first signs of improvement.

Once your acne is under control you should continue regular application of RETIN-A until your p instructs otherwise.

IF YOU HAVE QUESTIONS

All questions of a medical nature should be taken up with your doctor. For more information about R (tretinoin), call our toll-free number 800-426-7762. Call between 9:00 a.m. and 3:00 p.m. Eastern Time, through Friday.

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A busy day on the campaign trail (from top): Cindy and John attend a press conference; en route to the first of several events; standing at attention at an Arizona high school









An INDEPENDENT Woman

When her husband decided to run for president, Cindy McCain knew she would have to talk about a painful chapter from her past—her onetime addiction to drugs

By Kathryn Casey

John and Cindy McCain are in a plane over the southern Arizona desert, zipping off to the first of several scheduled campaign stops. It will be a catch-as-catch-can kind of day, as every day has been since the senator announced his candidacy for the Republican presidential nomination last year.

This breakneck pace should be sapping the couple's energy and humor, but you'd never know it to look at them. Cindy McCain is clearly having fun—surprising for a woman who at first wasn't sure she wanted her husband to enter the race. "Last spring, we went away to the Maldive Islands, to discuss whether or not John should run," says Cindy, forty-five. "I had questions."

McCain, an ex-Navy pilot perhaps most famous for spending five and a half years as a prisoner of war in Vietnam, admits he had to convince his wife that this was his best opportunity to win.

Her reluctance is understandable. During John's *(continued)*



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seventeen years in Congress, Cindy has kept her distance from the inside-the-Beltway crowd by raising their four children in Phoenix.

There was also Cindy's past to consider. For four years, she was hooked on prescription drugs. It's a time she regrets, and one she'll be forced to discuss on the campaign trail.

Nevertheless, she insists, the 2000 presidential race is exhilarating. "I didn't expect to love campaigning so much," she says, with a satisfied grin. "I'm having the time of my life."

GOING HER OWN WAY

"I've been labeled by the media as traditional," says Cindy over lunch. "I like that label."

Yet Cindy is hardly a bashful housewife. She's vice chairman of her parents' company—a large beer distributor in Arizona—and clearly a woman with her own ideas and the drive to pursue them. For instance, after visiting the Truk Islands of Micronesia and seeing the paucity of medical care there, Cindy launched the American Voluntary Medical Team (AVMT) in 1988, bringing emergency medical and surgical care to impoverished children.

Cindy also believes in following her heart. In 1991, during a relief mission to Mother Teresa's Bangladesh orphanage, the renowned nun asked her to bring an infant girl to the U.S. for surgery to fix a cleft palate. Cindy went a step further—she decided to adopt the baby. The little girl they named Bridget is now a healthy eight-year-old.

All of the McCain children have approached their dad's presidential race in their own way. Eleven-year-old Jimmy wonders whether the family menagerie—three dogs, four cats and assorted other pets—will be welcome in the White House. Jack, thirteen, once skipped a debate, not wanting his friends to see him on TV. Bridget is concerned about moving away.



From top: Greeting well-wishers at a school rally; heading home; a happy reunion with daughters Bridget (left) and Meghan; Cindy catches up with Jimmy, Meghan and Bridget over dinner; relaxing with the kids and Sam, one of their many pets

Meghan, the oldest, cried when a CNN commentator panned her father's performance in a debate. Still, the fifteen-year-old loves the excitement and is giving her mom fashion tips for the campaign. "She thinks I have too much gray," Cindy says. "I have no intention of coloring my hair."

"Jimmy asked if they could Rollerblade in the White House," Cindy adds. "I said, 'You're not allowed to Rollerblade in our house; why would you think you could in the White House?' As for me, I'd be terribly worried that they'd break something."

INSTANT ATTRACTION

Cindy and John have been soulmates since 1979, when their eyes locked at a reception in Hawaii. Cindy was a twenty-five-year-old special-education teacher, while John, forty-three, was the U.S. Navy liaison officer to the Senate, and separated from his first wife. Cindy insists the age gap has never been a problem. "He far surpassed the younger men I'd dated in energy, stamina, just a zest for life," she says.

In 1980, after John's divorce was final, the couple married and moved from Phoenix to Washington. Two years later, John won his House seat in Arizona.

After Meghan was born, the McCains moved back to Arizona and the house where Cindy grew up. They maintain dual households, with John commuting home on weekends. "To us, there was no choice," Cindy says. "We didn't want to raise the kids as congressman's children in D.C. At home, they could be treated like anyone else."

Cindy says her husband is a "good man, a loving husband" and a great dad who enjoys creating bedtime stories. She insists that reports of John's fierce temper are completely false. "I've never seen the rage *(continued)*


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[illegible] talk about," she says. "I wouldn't [illegible] married to him if he [went into rages]. I wouldn't, not for a minute."

SHAMEFUL SECRETS

"Whenever you go through adversity, it makes your marriage stronger," says John about the tumultuous past decade that left him and his wife scandal-tainted. "I think Cindy is probably a better person for having gone through this very difficult trial."

The trouble began in 1989, when Cindy ruptured two discs in her back. A series of operations seemed only to make things worse.

Then, while Cindy was in the hospital for her first surgery, she learned that her husband had his own problems brewing on Capitol Hill. McCain and four other senators were accused of helping Charles H. Keating, Jr., a key figure in the nation's multibillion-dollar savings and loan failure. To make matters worse, Cindy, who handled the family bookkeeping, couldn't find the records to prove John had reimbursed Keating for trips on his private plane. John ultimately received a mild rebuke from the Senate Ethics Committee. "Four years later, I found the canceled checks," Cindy says. "I felt responsible. I had let John down."

Struggling with physical and emotional agony, Cindy increasingly relied on her prescription painkillers—Percocet and Vicodin—to get through the day. At the height of her crisis, she was taking fifteen to twenty pills a day, and hiding it from her family. "I knew I was getting addicted," she says, "but I couldn't do anything. It was like watching myself go down the drain."

To feed her growing habit, Cindy had doctors write prescriptions for the AVMT medical missions, asking for extra pills, which she'd then use herself. "I was raised by loving parents who taught me right from wrong. I had the best that life offers. And I did something I never thought I would be capable of," she says. "I just screwed up."

In 1992, her parents, who'd noticed Cindy had lost a lot of weight and was behaving erratically, confronted [illegible] The intervention convinced h[illegible] quit cold turkey. Cindy says, "I [illegible] have any physical side effects, but [illegible] were the emotional ones."

Surgery finally cured her back [illegible] problems. Still, Cindy kept her se[illegible] hoping to protect John. But one d[illegible] 1994, tipped off by a former AV[illegible] employee, agents from the Drug [illegible] forcement Administration (DEA) [illegible] to her door to ask about the m[illegible] medication. Cindy had to admit [illegible] she had done.

"I had to tell John on the teleph[illegible] he was in Washington," she sa[illegible] frown replacing her usual bright s[illegible] "He told me, 'When you're fa[illegible] you love each other in spite of [illegible] takes. It's unconditional.'"

"I didn't pay enough attenti[illegible] John says. "It's like most things—[illegible] you find it out, you realize you've [illegible] all the signs. I was not as attenti[illegible] husband as I should have been."

Cindy reached a deal with the [illegible] Attorney's Office—treatment, res[illegible] tion and community service—ty[illegible]

FIRST AID FOR HEARTBURN, DIARRH[illegible]

"I did something I never thought I ould be capable of," Cindy says of her addiction. "I just screwed up"

-time offenders. She has since at- Narcotics Anonymous meetings. 1994, Cindy broke the news of ig problem to the media—and two older children. "I was afraid hear it at school," she says. I needed to be honest. When I them about drugs now, I can rom experience."

course, if John wins the presi-, Cindy wouldn't be the only ady to overcome a prescription- ddiction. "Betty Ford and I met ng ago," she says. "And I told was concerned about not making eetings [during the campaign]. old me, 'As long as you feel good rong, you'll be okay. As soon as on't feel like you're strong, that's you have to worry.' She also ne her home phone number."

for her marriage, Cindy says coming clean has had a positive effect. "We're more open with each other," she says. "Now I tell him what I'm thinking, and he does [the same for] me."

Despite everything, Cindy still considers herself an asset to her husband's campaign. "I'm the best person to carry his message," she says. "I can truly represent him, because I'm his wife."

HOME AT LAST

Later that day, back in Phoenix, John rushes off to another campaign event while Cindy goes home to their adobe-style ranch house. The walls are covered in mementos, framed White House invitations and the children's splashy paintings. Cindy calls their decorating style "tongue-in-cheek."

Family is always foremost in her mind. Asked what issues she would promote as First Lady, Cindy immediately mentions adoption and the need to streamline the lengthy, expensive process in the U.S.

Women often ask Cindy why they should vote for her husband. "I tell them the truth—that he is the most honest, decent person I've ever known; that his sense of duty, honor and country drives him and everything he does," she says.

She is direct when asked about her own attributes. "My parts are loyalty, devotion, family, sincerity and honesty," she says. "The sum of that is a person who tries very hard to do the best she can, always reminding herself and everyone else that she's imperfect. If we're in the White House, I hope to be a good role model."

And despite her initial hesitancy, Cindy McCain says that prospect holds some allure for her. "The appeal of being First Lady is very exciting," she says. "I wouldn't be honest if I didn't admit that." ■

Kathryn Casey is a contributing editor to Ladies' Home Journal.





LOVE Medicine

A devastating illness threatened to destroy this young couple's dreams for the future

By Jennifer Kornreich

Some marriages crumble in the face of pressures like a job loss or a move across country. But Kathleen Johnson and Michael Sardo, both twenty-eight and married only eight months, have already withstood much greater challenges. Theirs is a romance that has survived severe disability and a brush with death. Here, in their own words, is their story.

Scenes from a wedding: Michael Sardo and Kathleen Johnson became husband and wife last July, after battling a rare cancer. Michael, who is now paralyzed from the waist down, broke his right leg in physical therapy two weeks before the wedding

THE COURTSHIP

MICHAEL: We met in 1989 at freshman orientation at Columbia University, in New York City; Kathleen played basketball and I played football. I thought Kathleen was beautiful, but I didn't ask her out because she ignored me.

KATHLEEN: During the fall of junior year, I went to a football game. Although our team lost, Michael played magnificently. I congratulated him afterward, but he blew me off.

MICHAEL: I wasn't in the best mood that night. But we wound up taking a history class together and became friends. A year later, I still didn't have the guts to ask her out. Finally, we made a bet on the World Series: The loser had to take the winner to dinner. I lost, but I got a date with her.

KATHLEEN: I was nervous, but the conversation flowed. Michael was funny and smart.

MICHAEL: Kathleen was the most fun person I'd ever been with.

THE DIAGNOSIS

After graduation, Kathleen and Michael continued dating. In the fall of 1996, Michael began studying for a doctorate in biochemistry at the University of North Carolina at Chapel Hill. He also worked at a cancer research lab. Kathleen taught history at a girls' high school in New York City. *(continued)*








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MERCK

MICHAEL: In November 1997, I participated in a university study on blood clotting. Later, the researchers told me they couldn't use my blood because it took too long to clot. They said the problem probably wasn't serious, so I ignored it. Then, one Saturday in April 1998, I developed a sharp pain in my lower back, near my spine. I took some ibuprofen, but it didn't help.

KATHLEEN: Michael called me in Italy, where I was on a trip with my students. He said he was going to the doctor. I was relieved but scared, because he usually avoided doctors.

MICHAEL: I was insured as a student, so I had to go to the student health center. The doctor diagnosed back pain and gave me a prescription for ibuprofen. I didn't mention the clotting abnormality because I had forgotten about it.

One week later, I still couldn't work or exercise. I went back to the health center about four times, and no one could find anything wrong.

KATHLEEN: I went to visit Michael at the end of April. He looked terrible. His skin was yellowish, and he'd lost at least ten pounds. He was having night sweats. He was limping.

MICHAEL: On May 1, I woke up and discovered that I couldn't walk from the bed to the bathroom without becoming breathless. I went back to the health center. After a few hours of testing, my doctor informed me that my blood counts were low, and I had to go to the emergency room. At the hospital, a nurse told me I was being tested for cancer. I was shocked. Nobody in my family had the disease, and I was only twenty-six years old. It was late at night, but I called Kathleen.

KATHLEEN: Michael acted as if he wasn't worried, but I was. The next day, I flew to North Carolina.

MICHAEL: When the nurses wheeled me back into my room after testing, Kathleen was waiting for me. It was the only joyous moment I'd had in days.

KATHLEEN: I was relieved to be with him, but I wasn't prepared to see h in a wheelchair. I tried to act nonch lant, because I didn't want him know how worried I was.

MICHAEL: Finally, the doctors e plained that I had a rare cancer of t blood, and that my back pain w caused by malignant cells that had i vaded my spine. I struggled to absc the news; it just didn't seem real.

KATHLEEN: I was holding Michae hand when they told us. I heard one the doctors say, "You have a rare for of leukemia," but it didn't sink in. I stead of allowing myself to feel scare I became infuriated at the studen health doctors for not recognizi Michael's condition.

MICHAEL: The doctors told me th were going to begin an aggressiv four-month course of chemotherap with heavy dosages. With this reg men, I'd have an eighty-five perce chance of survival.

KATHLEEN: I grabbed onto that nu ber without thinking about the oth fifteen percent. I couldn't accept th possibility that Michael might die.



TREATMENT

HLEEN: I decided to stay with ael until he got better.

IAEL: I started chemotherapy two after the diagnosis. Doctors put a anent IV in my chest, and deliv- some drugs directly to my spine.

or the entire month of May, I was ie hospital. I was in constant dis- fort from the drugs' side effects. I cted the nausea, but one of the ications caused painful mouth s. I had to go on a liquid diet and nearly forty pounds.

HLEEN: The doctors said Michael ld wind up in intensive care be- e his blood counts were so low, the chemo would lower them fur- . He had to have several transfu- s over the course of his treatment.

HAEL: Upward of twenty-five, in . My immune system was shot, too. ryone had to wash his hands before ering my room.

THLEEN: Eventually, I had to return New York because I was afraid I uld lose my job. But his mother and ok turns staying in North Carolina.

MICHAEL: Doctors thought I was responding well to the chemo. After the first round, they couldn't find any cancer cells. But they wanted to complete the full course of treatment. After school was out, Kathleen moved down here and began looking for a job.

KATHLEEN: We kept our minds occupied with the move and my job hunt. I landed a position teaching eighth grade.

MICHAEL: I worried about stuff like missing too much school. That was preferable to worrying about bigger things. I refused to believe that Kathleen and I wouldn't be able to live our lives together as we'd planned.

KATHLEEN: The cancer strengthened our bond. I realized I wanted to be with Michael no matter what.

MICHAEL: When I finished my last round of chemo at the beginning of August, I was officially in remission. Kathleen and I were overjoyed. I was hoping to start my research again, and I was planning a surprise trip for us to New York in October so I could propose to her in the restaurant where we had our first date.

ANOTHER SCARE

MICHAEL: The week before Labor Day, I began to get an urge to urinate frequently. Then my legs started feeling weak, and I fell down twice. My oncologist told me to go to the emergency room.

KATHLEEN: It was scary, because he was gradually becoming paralyzed from the waist down. The doctors couldn't do anything to stop it—and they had no explanation. We felt so helpless.

MICHAEL: The doctors performed a bone-marrow biopsy to see if the cancer had returned, but it was negative. So I was transferred to rehab for physical and occupational therapy. At the beginning of October, I was sent home. Shortly afterward, though, I developed an infection and had to return to the hospital. I had an enlarged liver and spleen, and one doctor bluntly told us that if the cancer had reached my liver, it probably wasn't treatable.

KATHLEEN: She said that Michael might as well enjoy the time he had left. She was so cold. I started crying.

(continued on page 147)



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Avandia, along with diet and exercise, may be used either alone or with Glucophage® (metformin HCl) for improved blood sugar control.

In studies, the most common side effects included cold-like symptoms and headache. A small percentage of people experienced anemia and/or mild to moderate swelling of their legs or ankles. If you experience these or other symptoms, talk to your doctor.

As with most diabetes medications, you may experience an increase in weight (3 to 8 pounds). This often occurs with improved blood sugar control.

If you are a premenopausal woman who is not ovulating, you should know that *Avandia* therapy may result in resumption of ovulation, which may increase your chances of becoming pregnant. Therefore, you may need to consider birth control options. Talk to your doctor before taking *Avandia* if you are nursing, pregnant or thinking about becoming pregnant.

While taking *Avandia*, follow your doctor's guidelines for periodic liver monitoring. If you experience nausea, vomiting, stomach pain, tiredness, anorexia, dark urine or yellowing of the skin, talk to your doctor immediately. Tell your doctor if you have a history of congestive heart failure or edema. Please see important patient information on the following page.

For improved blood sugar control, follow the diet, exercise, weight-loss and medication plan recommended by your doctor and test your blood sugar regularly.

If you have type 2 diabetes, talk to your doctor.

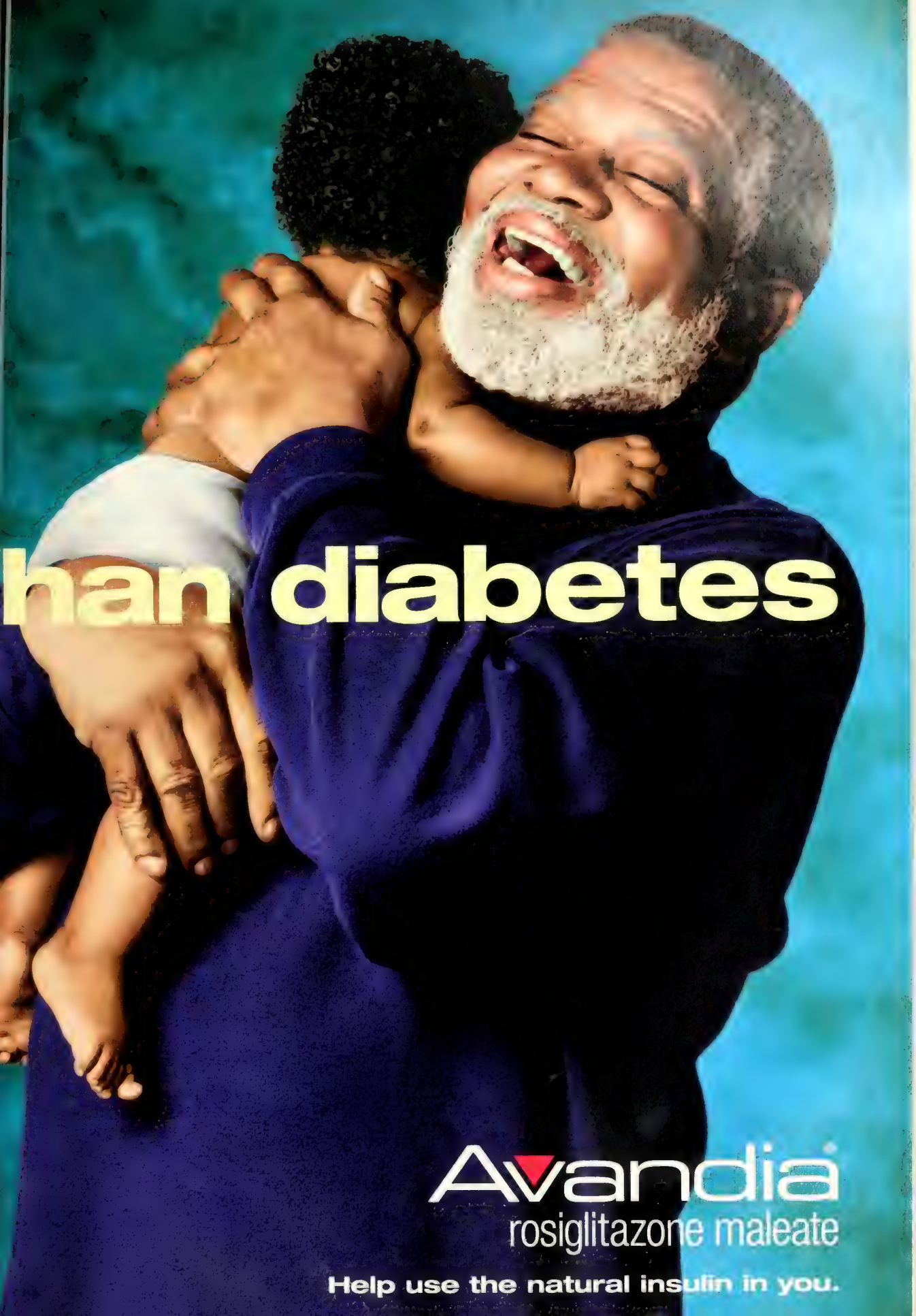
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What is *Avandia*?
Avandia is one product in a new class of prescription drugs called thiazolidinediones (thigh-a-zoe-lid-een-die-owns). It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body still produces insulin but it is not able to fully use the insulin. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take up to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day in the morning or twice a day in the morning and evening. It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
<u>If your doctor has prescribed *Avandia* for use once a day:</u>

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

<u>If your doctor has prescribed *Avandia* for use twice a day:</u>

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia*, alone or in combination with other prescription drugs, may improve these other efforts by helping your body make better use of the insulin it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using other r tions, including other antidiabetic medications, birth pills, warfarin (a blood thinner), Zantac® (ranitidine, an a product manufactured by Glaxo Wellcome Inc.), certai medications, and some cholesterol-lowering produc should discuss with your doctor the most appropriate you. If you are taking prescription or over-the-counter pr for your diabetes or for conditions other than diabetes, t to tell your doctor.

What should I discuss with my doctor before *Avandia*?
You should talk to your doctor if you have a history of e liver problems or congestive heart failure, or if you are n pregnant or thinking of becoming pregnant. If you are menopausal woman who is not ovulating, you should that *Avandia* therapy may result in the resumption of ovu which may increase your chances of becoming pre Therefore, you may need to consider birth control option

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials. The common side effects reported by people taking *Avandia* upper respiratory infection and headache. As with most diabetes medications, you may experience an increase in w (3 to 8 pounds). This often occurs with improved blood control. *Avandia* may also cause edema and/or anemia. experience any swelling of your extremities (e.g., legs, a or tiredness, notify your doctor.

Who should not use *Avandia*?
The following people should not take *Avandia*: People type 1 diabetes, people who experience yellowing of the with Rezulin® (troglitazone, Parke-Davis), people who are gic to *Avandia* or any of its components and people diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure your b sugar control. In addition, your doctor may conduct enzyme tests. *Avandia* did not show signs of liver problem studies. However, because a related drug (*Rezulin*) has b associated with such problems, and because *Avandia* has been widely used, your doctor may recommend a blood te monitor your liver before you start taking *Avandia*, ever months during the first year and periodically thereafter.

It is important that you call your doctor immediately if you ex rience nausea, vomiting, stomach pain, tiredness, anore dark urine, or yellowing of the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a childpr container out of the reach of children. Store *Avandia* in its o inal container.

DATE OF ISSUANCE AUG. 1999

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AV:L2PI

(continued from page 143)

MICHAEL: I cried, too. It was the only time I thought I was going to die. So when another bone-marrow biopsy showed that the cancer hadn't returned, paralysis suddenly didn't sound so bad anymore. The doctors deduced that the paralysis was probably a delayed side effect of the chemo. At the end of October, I went home.

MOVING FORWARD

MICHAEL: I was glad to leave the hospital, but angry that I was in worse shape. Back home, I decided to propose to Kathleen.

KATHLEEN: I was surprised and thrilled. But I felt sad that he couldn't propose the way he had wanted to.

MICHAEL: In the months after I came home from the hospital, I would get so angry and frustrated that I would curse at the top of my lungs. Little things are such an ordeal. I have to catheterize myself so I can urinate. (It turns out that my urgent need to urinate was due to the paralysis; I was losing control of my bladder.) Likewise, I can't get out of bed by myself. And nobody can tell me why.

KATHLEEN: For me, the most frustrating thing is knowing that Michael hates being dependent. I quit my teaching job to take care of him; now I'm studying for a master's degree in education at North Carolina State University, in Raleigh. I'd like to teach again. Last January, family and friends donated $30,000 so we'd have money to live on—and to help pay the medical bills, which now total about $500,000. So far, our insurance has paid for about seventy-five percent. Michael continues to receive a small stipend from the University of North Carolina, where he's still enrolled as a graduate student.

MICHAEL: She gets me through everything. One of the best parts of our relationship is that we can make each other laugh.



Kathleen was a college basketball star



Michael was a talented football player

"At the hospital, a nurse told me I was being tested for cancer. I was shocked. Nobody in my family had the disease, and I was only twenty-six years old," says Michael

KATHLEEN: I think our backgrounds in sports have influenced our approach to the illness, too. During a game, you could be down twenty points, but if you play tougher, you can close the gap.

We still hope Michael will walk again. We've sent letters to spinal-cord researchers asking whether they can help. Meanwhile, we got married on July 24, 1999. We kept it simple: a church ceremony and an outdoor reception with 130 guests at a bed-and-breakfast near the ocean in Scarborough, Maine.

MICHAEL: We're going to wait to have kids so we can establish our careers and enjoy each other. (My doctor says there's only a thirty percent chance of infertility from the chemo.) I'm much more independent now than when I first came home from the hospital, but I still have moments of despair. What keeps me going is Kathleen.



Kathleen and Michael relax at his parents' home on December 31, 1999

KATHLEEN: We've been through so much together, and Michael is the person I care about most. Whether we're talking or watching TV, it makes me so happy just to be next to him. I feel more in love than ever. ■

Jennifer Kornreich writes about relationships for Cosmopolitan and MSNBC.com.

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Sculpture shown actual size. Height: 6⅝"

et us at: www.LenoxCollections.com

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THE STAY-AT-HOME MOM



THE HAIRDRESSER

THE TRAU

Who HAS THE most STRESS?

Stress is part of all our lives, yet what is stressful to one woman may not be to another. To find out who has more stress, we asked five women to wear monitors for one day to track their heart rate, a prime indicator of stress. Normal heart rate is between 60 and 90 beats per minute. Anything above 100 can be damaging over time, lowering immunity and "wearing out" the heart. Anne Knowlton, M.D., a cardiologist at Baylor College of Medicine, in Houston, assessed their stress diaries **By Kathryn Casey**

THE STAY-AT-HOME MOM



Ann Pfaffinger, 39, lives in Houston. She's married to Paul, 39, a scientist, and has put her career as a physical therapist on hold to raise Michael, 8, Lisa, 6, Dana, 4, and Jack, 2. She exercises sporadically.

ANN SAYS: I love being home with the kids, but sometimes the chaos gets to me. The kids play well together in the mornings, but then the arguments begin. I wish I were more patient. Still, compared to women who work and have kids, I probably have less stress.

Overall, Ann rates her stress level as low.

ANN'S DAY:

8:20 A.M. No school today. Making breakfast. **HR: 90**

9:05 The kids won't share the toys. **HR: 92**

10:45 I'm vacuuming. Jack is screaming because I won't let him plug in the vacuum. **HR: 100**

11:05 Playing the piano, something I love and have just recently gotten back to, while the children play. **HR: 83**

1:30 P.M. Trying to keep all four kids at the table for lunch. **HR: 87**

5:30 Working with Michael on his piano lesson; he gets exasperated when he makes mistakes. **HR: 75**

6:05 Paul arrives home. **HR: 76**

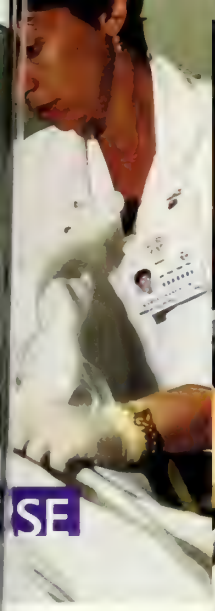
6:40 Dinner. **HR: 82**

8:15 Kids ready for bed (thanks to Paul's help). **HR: 92**

10:45 Reading in bed. **HR: 71**

Ann's average heart rate: 75.

DR. KNOWLTON SAYS: Much of the day, Ann fares well, with heart rates in the seventies and eighties. But during high-stress times her heart rate jumps as much as 24 percent. Ann needs to learn to depersonalize the kids' squabbling. It doesn't mean she's a bad mom. She also needs to make time for exercise. Working out better equips us to handle stress because it makes the heart pump blood and oxygen more efficiently.





THE NEW MOM



THE EXECUTIVE

THE HAIRDRESSER



Michelle Moore, 31, is a haircolorist from Cypress, Texas. She's married to Richard, 31, a restaurant manager. They have one daughter, Marissa, 6. Michelle doesn't exercise.

MICHELLE SAYS: At work, I worry that I don't spend enough time at home. At home, I'm stressed because I can't finish everything I want to. Richard works nights, so usually it's just Marissa and me.

Michelle rates her stress level as moderate.

MICHELLE'S DAY:

7:20 A.M. Getting dressed. I'm running late! **HR: 149**

8:00 Cleaning the house, eating breakfast. **HR: 117**

9:00 Working at the salon. It's a slow morning. **HR: 111**

12:00 P.M. I'm starving, and I have errands. **HR: 89**

1:30–4:30 Working at the salon. **HR: high-80s**

6:00 Dinner. Richard and I discuss a problem with Marissa. She got in trouble for talking in class. Richard is helping out at his friend's golf range tonight and dropping Marissa off at a Girl Scout meeting. **HR: 101**

8:30 I'm running late to pick up Marissa. She should be in bed by now, and she still needs a bath. I've got housework. **HR: 102**

9:00–10:00 After Marissa goes to bed, I clean up the dinner mess. **HR: 75**

Michelle's average heart rate: 87

DR. KNOWLTON SAYS: Michelle is in denial. She's not in the danger zone yet, but she's close. Her highest heart rates of the day are in the morning, when the monitor topped out at 149. That's much too high. Michelle is also creating stress by expecting things to be perfect, and when they're not, she's reacting. She has to accept that nobody's life is perfect. She should make more time for herself, possibly by starting her day earlier so she feels less rushed. Taking up yoga or meditation, and adding an evening walk or bubble bath would help.

THE TRAUMA NURSE



Karen Chamuel, R.N., 37, works three twelve-hour shifts a week at the Ryder Trauma Center at Miami's Jackson Memorial Hospital. She's single and has no children. She works out three times a week.

KAREN SAYS: I work at one of the busiest trauma centers in the country. Sometimes we're short of nurses, or all the patients arrive at once. My adrenaline can really start pumping. But, for the most part, I think I handle stress well. I've learned to ask for help when I need it and to say no when I can't do something.

Karen judges her stress level as moderate.

KAREN'S DAY:

6:55 A.M. I arrive at work. Traffic is bad as usual. **HR: 84**

8:15 Meeting with my boss. **HR: 80**

10:04 I'm notified of an incoming patient. **HR: 57**

10:25: I'm assisting another nurse with a 62-year-old assault victim who is badly beaten. **HR: 71**

11:15 Drinking coffee and eating an English muffin while I read the *Miami Herald*. **HR: 81**

12:05 P.M. Consulting with a radiologist about the X rays of another trauma patient. **HR: 74**

5:00 We're short-staffed and the ICU is full. **HR: 83**

5:30 We have four trauma patients waiting for beds in the ICU, and one waiting for an operating room. **HR: 77**

7:15 A patient's family is upset because he's in critical condition. I assure them we're doing all we can. **HR: 68**

7:55 Finally driving home. **HR: 86**

10:00 Watching the news, paying the bills. **HR: 57**

Karen's average heart rate: 66

DR. KNOWLTON SAYS: Karen handles stress well. For her, the Miami traffic is more stressful than an overflowing ER, where she feels more in control of the situation and is experienced in what to do since she has been there for a while. The fact that she exercises also helps.

THE NEW MOM



Jane Park, 34, lives in Leonia, New Jersey. She's married to John, 35. She teaches ninth grade, and he teaches seventh. At the time of the test, their daughter, Victoria was 4 months old, and Jane worked part-time. She exercises three times a week.

JANE SAYS: Vicki is a joy, but having a baby is more stressful than I imagined. I'm breast-feeding, and she wakes up at least twice a night. Some days, I'm exhausted.

Jane judges her stress level as moderately high.

JANE'S DAY:

2:40 A.M. Breast-feeding for the second time tonight. I have to fight drifting off. **HR: 74**

5:15 Breast-feeding. **HR: 53**

6:50 I'm giving Vicki a bath, but I'm thinking about how nice it would be to go back to bed. **HR: 83**

8:30 I'm making John breakfast. Vicki gets progressively fussier. **HR: 100**

9:00 I arrive at work: John has come along to care for Vicki while I arrange my classroom. (Classes are not in session today.) **HR: 76**

11:45 We're all home again. I'm breast-feeding. I find times like this relaxing, when I can let Vicki take her time. I love the closeness. **HR: 56**

1:30 P.M. Uh-oh. Cranky baby. We have to leave for a doctor's appointment soon. **HR: 91**

2:30 Vicki got three shots today. The doctor said she might run a fever and be fussy for the next 24 hours. **HR: 76**

3:00 John is getting some work done around the house while Vicki and I nap. **HR: 63**

3:30 That was too short. Vicki is awake and crying. **HR: 84**

5:50 Vicki naps, and John and I eat dinner. We talk about projects on our new house. **HR: 81**

6:30 Doing dishes; the baby is fussing. **HR: 106**

8:30 Breast-feeding Vicki. **HR: 62**

Jane's average heart rate: 72

DR. KNOWLTON SAYS: In general, Jane's doing an admirable job controlling her stress. Her heart rates are higher in the morning, probably due to fatigue. Exhaustion increases our reactions to stress. This problem may recede when Vicki begins sleeping through the night. Also, when Vicki is fussy, Jane needs to remind herself that all babies cry.

WHEN WE'RE STRESSED, ADRENALINE IS RELEASED INTO THE BLOODSTREAM, OUR HEARTS BEAT FASTER AND BLOOD PRESSURE SPIKES. OVER TIME, THIS CAN BE DANGEROUS

THE EXECUTIVE



Sheri Singer, 46, lives in Los Angeles. Along with her husband, Steve White, she owns Singer/White Productions, a TV-movie production company. Her kids: Holly, 13, Brooke, 11; his kids: Alexandra, 16, Lauren 12. She exercises four to five times per week.

SHERI SAYS: As a blended family, we have a rotating custody schedule that would make anybody's head spin. We also have a lot of work and financial responsibilities. The kids call while I'm in a meeting, and they're fighting. At times, we have to get all four kids to four different places. It can be utter chaos.

Sheri rates her stress level as high.

SHERI'S DAY:

7:25 A.M. I need to wake the girls for school. Steve has already left for a doctor's appointment with Alexandra. I have paperwork to do. **HR: 79**

7:45 Trying to get the girls to finish dressing and eat breakfast. **HR: 86**

8:45 The girls are out the door. I'm planning dinner and writing a grocery list. Steve and I need to leave for an important meeting at Disney to discuss a proposal for a new movie in less than an hour. **HR: 81**

9:35 We're leaving for the meeting, both nervous about it. **HR: 85**

10:45 Meeting has ended. It went well. **HR: 70**

12:40 P.M. I take a call from a writer's agent regarding a late payment. She's angry. I assure her it will be taken care of. **HR: 74**

12:55 Finished reading a script. Call Holly to tell her no TV this afternoon; she needs to study. **HR: 79**

4:00 I get home early and help Holly study. **HR: 80**

6:30 Finished dinner; Brooke nagging to go out for dessert. **HR: 77**

6:45 I just read an upsetting e-mail from Steve's ex-wife. **HR: 97**

8:15 Business conference call. Steve's ex-wife called during the conversation. **HR: 84**

9:40 Getting ready for bed. **HR: 80**

Sheri's average heart rate: 75.

DR. KNOWLTON SAYS: Overall, Sheri handles stress well. She gets upset when you'd expect her to—like when she sees the e-mail from Steve's ex-wife. But she doesn't overreact and make matters worse. Interestingly, she's much calmer handling crises at work than at home. She's probably developed ways to deal with stress at work. At home she has a very complex situation. She should delegate more to her husband and children. ■


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arty paper panels



funky leopard print



glitzy glass beads

The LIGHT Stuff

Forget basic white. A fun new shade can make any old lamp look like a millior



geometric star shape



contemporary textured burlap



pretty periwinkle



dainty floral with tasseled trim

IF THE SHADE FITS . . .

Whether pairing a lamp with a shade that's paisley-patterned, silk-covered or button-trimmed, you'll need to think about shapes and sizes. Los Angeles interior designer Catherine Bailly Dunne says to follow this simple rule: For round-base lamps, stick with a lampshade that's round or cylindrical; for lamps with a rectangular base, look for a boxy shade. How to choose the right size? Ideally you should bring the lamp—or at least a picture of it—with you when shopping. If you aren't able to do that, follow the general guidelines at right.

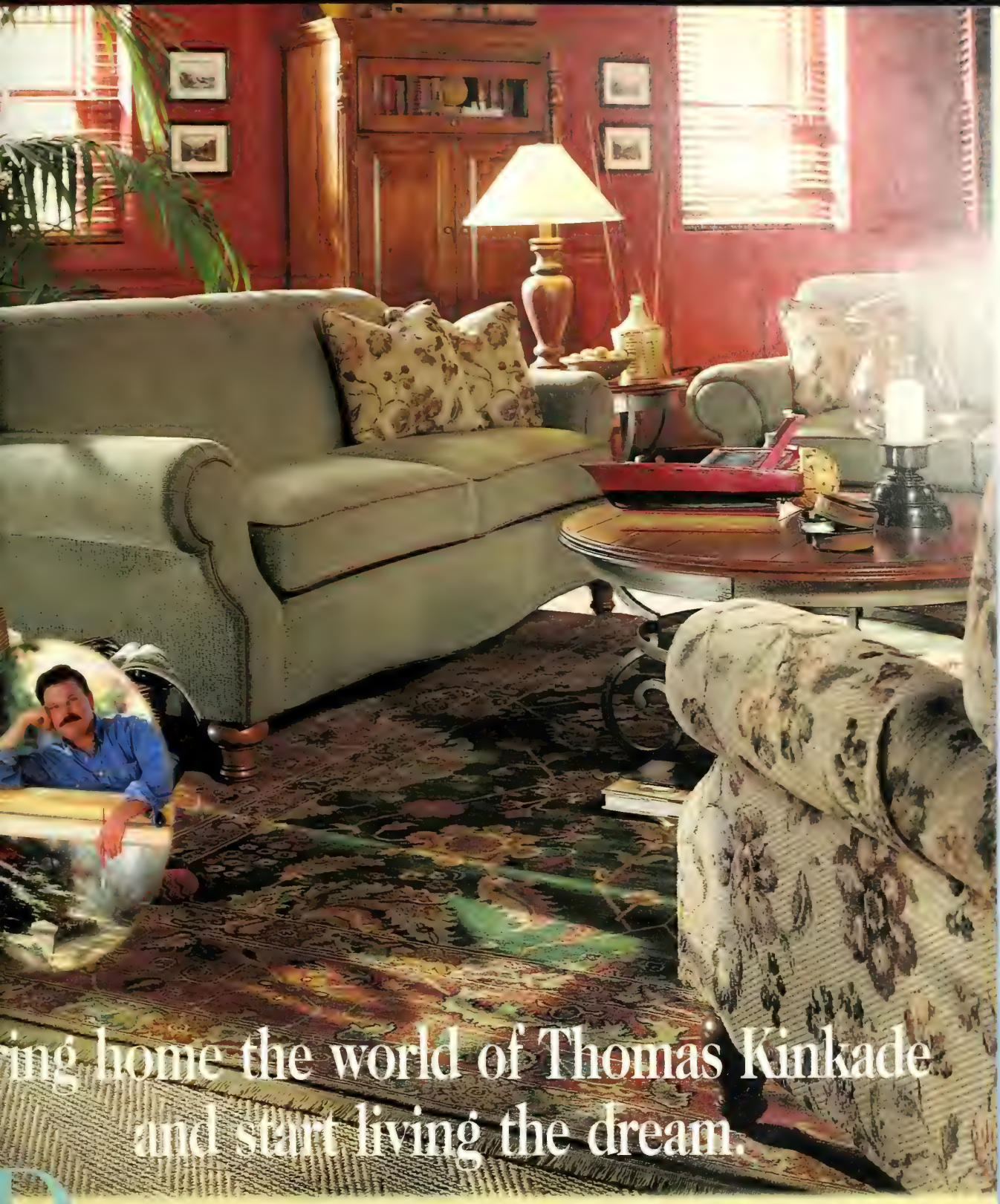
Use these quick calculations to figure the dimensions of the right shade for your lamp



Height of shade should equal height of lamp ÷ 3

Widest diameter of shade should equal widest diameter of base x 2





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THE SMART LIST

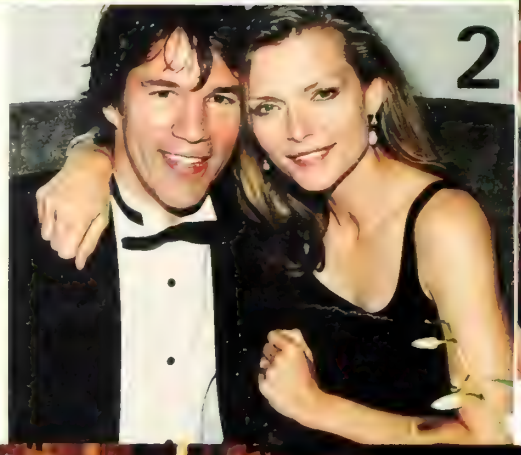
HOW CAN YOU GET WISER IN 20 MINUTES?

- **A:** Take ginkgo biloba
- **B:** Sign up for a class in investing
- **C:** Study a map of the world
- **D:** Read the following pages of *Ladies' Home Journal*

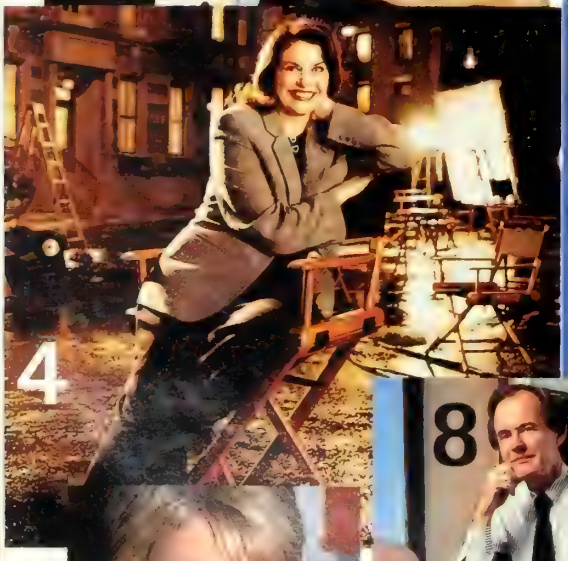
IS THAT YOUR FINAL ANSWER?

IF YOU DIDN'T PICK D, THINK AGAIN. WITH SO MUCH TO ACCOMPLISH AND SO LITTLE TIME, IT PAYS TO BE SAVVY ABOUT EVERYTHING YOU DO. TO HELP, LHJ EDITORS HAVE TALKED TO THE EXPERTS AND RESEARCHED HUNDREDS OF WEB SITES TO COME UP WITH 100 GREAT IDEAS AND INSPIRATIONS TO MAKE YOUR LIFE EASIER, HAPPIER AND HEALTHIER. NOW *THAT'S* SMART

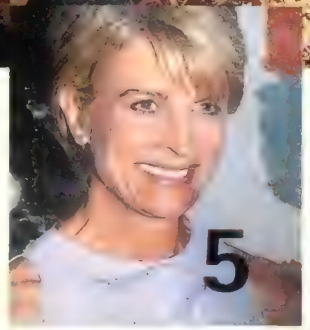




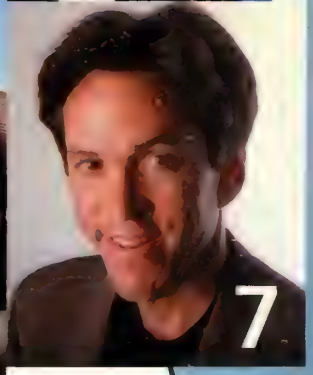












10 smart PEOPL to appreciate

1. Judge Judy Sheindlin, for her no-nonsense approach to truth, justice and daytime TV.
2. Michelle Pfeiffer, for all her smart movie roles, and because she's married to David E. Kelley, creator of two hit TV shows, *Ally McBeal* and *The Practice*.
3. J.K. Rowling, author of the Harry Potter books, for getting kids to read.
4. Sherry Lansing, chair of Paramount's Motion Picture Group, because she's arguably the most powerful woman in Hollywood.
5. Candice Bergen, because she's reinvented herself with a talk show on Oxygen, the new cable network, and a new love interest (see story on page 166).
6. David Chase, creator of *The Sopranos*, because he knows that everyone loves a good mob story.
7. Mitch Albom, author of *Tuesdays with Morrie*, for teaching us how to appreciate life.
8. David Boies, the attorney who won the first round of the government's antitrust case against Microsoft Corporation, for pulling the plug on the computer empire's dominance.
9. Regis Philbin, for knowing that everyone wants to be a millionaire.
10. Tiger Woods, the twenty-three-year-old golf pro who made a major comeback by winning eight PGA tournaments last year.

5 SMART REMARKS

1. To a friend: "You've lost weight!"
2. To your boss: "That's a really great idea."
3. To your child: "Broccoli is Scooby-Doo's favorite vegetable!"
4. To your husband: "Have you been lifting weights again?"
5. To your mother-in-law: "You have to give me that recipe!"



5 SMART HEALTH MOVES

1 Every day, drink one or two cups of black tea straight up to reduce your risk of heart disease.

2 Work out with a medicine ball instead of a personal trainer, because it's cheaper and more fun.

3 Take 400 micrograms of folic acid daily—whether you're planning to get pregnant or just want to cut your risk of heart disease.

4 Eat a half cup of blueberries daily to possibly stave off aging—and cancer.

5 Carry a bottle of baby aspirin in your purse and remember to take one every other day; they may slash your heart attack risk by one third. (Check with your doctor first.)



5 SMART THINGS TO DO AT WORK

1. Organize a lunchtime yoga group
2. Invest the max in your 401(k)
3. Be a mentor
4. Convince your employer to sign up with an online discount mall, where you can buy everything from groceries to movie tickets without leaving your desk
5. Lobby for a four-day workweek

5 SMART WAYS TO WORK THE WEB

1. If you're house-hunting, check out photos of homes before visiting them in person (*www.realtor.com, www.newmls.com*)
2. E-mail your doctor any questions before your appointment
3. Recruit and job-hunt (*www.monster.com, www.headhunter.com, www.careers.com*); if you've got your own company, get bids for your business (*www.bid4geeks.com*)
4. Get driving directions so you never again have to ask (*www.maps.expedia.com*)
5. Bargain-hunt (*www.mercata.com, www.outletzoo.com, www.priceline.com*)

5 SMART EXCUSES

1. Then: "I have a headache."
Now: "I have carpal tunnel syndrome."
2. Then: "Sorry I'm late; I got stuck in traffic."
Now (via cell phone): "I am stuck in traffic."
3. Then: "The dog ate my homework."
Now: "The dog ran away with my mouse."
4. Then: "The check is in the mail."
Now: "The check is in the E-mail."
5. Then: "I lost your phone number."
Now: "My Palm Pilot accidentally deleted your phone number."

5 FUN ways to use the Web

1. Adopt a pet (*www.petfinder.com, www.aspca.org*)
2. Make your own CD (*www.cdnow.com, www.customdisc.com, www.musicmaker.com*)
3. Do a crossword puzzle (*www.boston.com/globe, www.clearlight.com/~vivi/xw/index.html*)
4. Order a gift certificate for a friend's birthday (*www.giftcertificates.com, www.amazon.com*)
5. Send yourself an E-greeting (*www.bluemountain.com, www.greetings.yahoo.com, www.activegrams.com*)





5 GREAT GADGETS

2. A halogen oven, which cooks twice as quickly as a conventional oven and, unlike a microwave, browns food (*www.flashbake.com*)
3. A central vacuuming system, which lets you clean without kicking up dust or lugging heavy equipment
4. Devices with a global positioning system, which tells you where you are—whether you're lost in the woods or on the highway
5. A hands-free car phone, which plugs into your car's lighter socket and features a microphone (*www.sharperimage.com*)

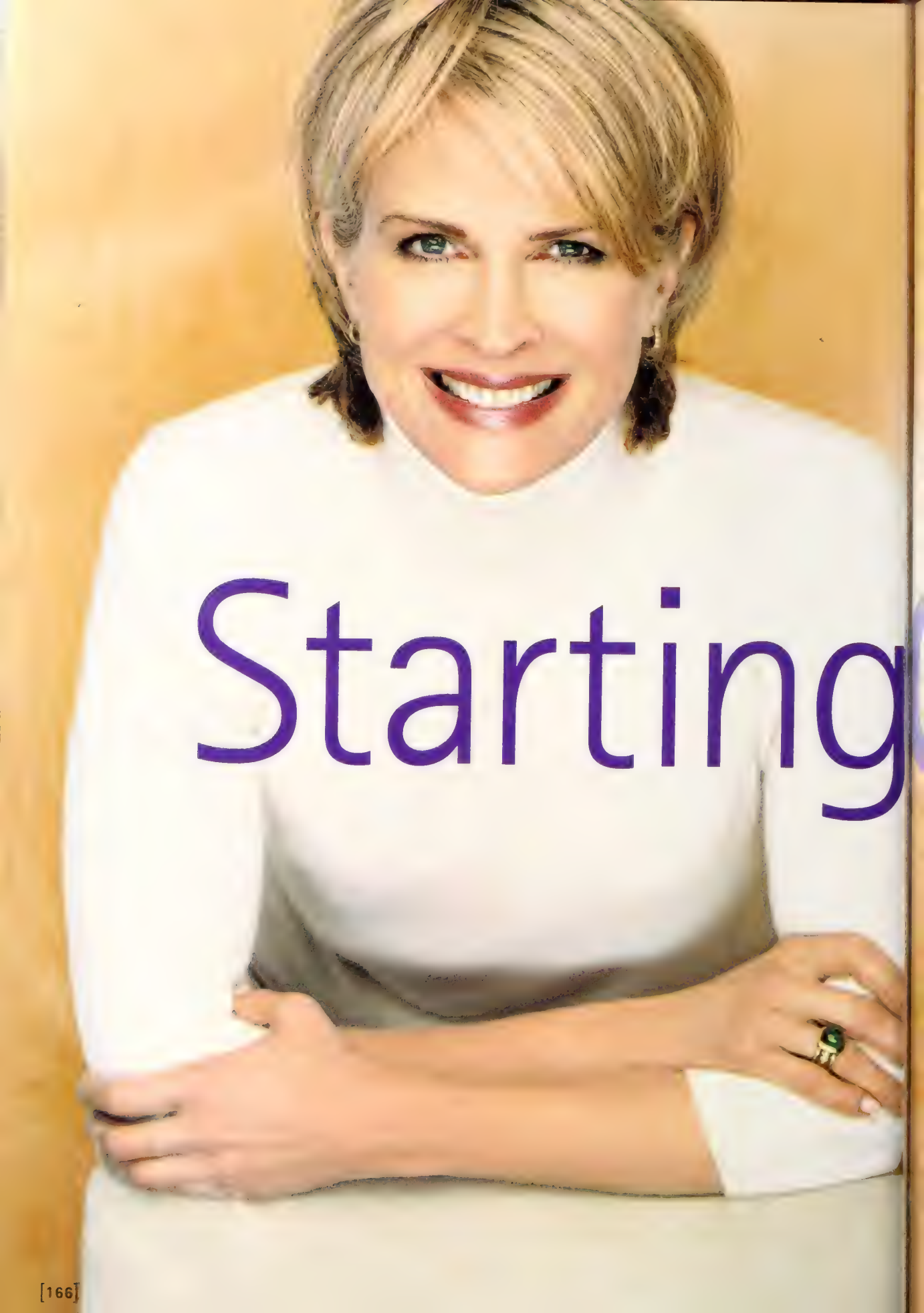
5 SMART COMEBACKS

1. "Why aren't you married?"
Because Jerry Seinfeld just went off the market.
2. "Why don't you have kids?"
I already have enough laundry to do.
3. "Have you gained weight?"
No, have you?
4. "You must be PMS-ing."
Who says I need hormones to be bitchy?
5. "Are you in the mood?"
For what?

50 THINGS EVERY SMART WOMAN SHOULD KNOW

1. how to make him laugh
2. how to make him cry
3. how to make him beg
4. how to have mulitple orgasms
5. how to give him multiple orgasms
6. when to pick a fight
7. when to keep her mouth shut
8. when to apologize
9. when to accept an apology
10. how to talk her way out of a speeding ticket
11. how to drive stick
12. how to snake a toilet
13. how to throw a football
14. how to commandeer the remote control
15. how to make a killer margarita
16. the difference between Chablis and chardonnay
17. the difference between rigatoni and rotini
18. the difference between Monet and Manet
19. the difference between Po and Pikachu
20. how to soothe a sobbing child
21. how to feed a picky eater
22. when to step in when her child's being picked on
23. how to disagree with her mother-in-law
24. how to compromise
25. how to tell a joke
26. how to comfort someone who's grieving
27. when to say no
28. when to say yes
29. how to give a toast
30. how to uncork champagne
31. how to eat a lobster
32. how to use chopsticks
33. when it's emotions . . . and when it's hunger
34. ten great snacks with 100 calories or less
35. how to make a sinful chocolate dessert
36. when to sweet-talk
37. when to bitch
38. how to spot a bargain
39. how to get a raise
40. how to raise her profile
41. how to unjam the fax machine
42. how to get where she wants to go in three mouse clicks
43. how to flatter the boss
44. what flatters her figure
45. her best feature and how to make the most of it
46. her perfect lipstick shade
47. how to look good in a photo
48. how to self-examine
49. how to self-improve
50. how to self-accept




Starting

FOUR YEARS AFTER THE DEATH OF HER HUSBAND, CANDICE BERGEN TALKS ABOUT JUMPING BACK INTO TV, BONDING WITH HER DAUGHTER, AND THE NEW MAN IN HER LIFE

OVER

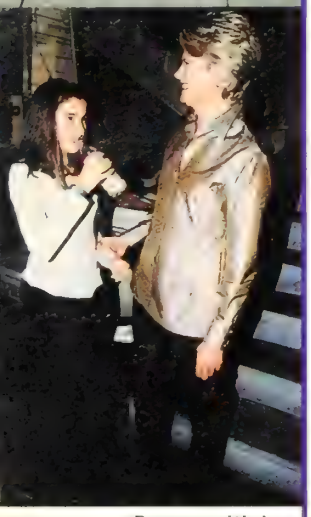
BY JUDITH NEWMAN

THE FIRST THING you notice about Candice Bergen is her astonishing beauty. The second thing you notice is the dog hair. "Uh, you may be sorry you wore black," Bergen says as Lois, her white basset hound–terrier mix does her best to make me as tuft-covered as Bergen herself. We are sipping tea in the sunroom of her Spanish-style villa deep in the canyons of Beverly Hills, a Shangri-la for her and her fourteen-year-old daughter Chloe. The interiors are all dark wood and plush, overstuffed furniture. And dog beds—lots of dog beds. "There are dog beds in every room—forty in all," Bergen says. "Naturally, [the dogs] sleep on the furniture."

Dressed with crisp simplicity in dark Gap pants and a white Lacoste shirt, Bergen, fifty-three, has a complex face that invites study. There is, perhaps, a trace of melancholy, the residual effect of the loss of her husband, Louis Malle, in 1995. But there is sly humor, too: At Bergen's most composed and serious, a bemused smile is forever playing about her lips. "What people don't know about Candice is that she's not just a little bit funny—she's hilarious," says her longtime friend, Diane Sawyer, co-anchor of *20/20* and *Good Morning America*. "She is also an incredible mimic. She can do a great impersonation of me and Mike Wallace, for instance."

She won't be merely impersonating journalists for long. For ten years, as *(continued)*





Bergen with her current beau, philanthropist Marshall Rose, and her fourteen-year-old daughter, Chloe

(continued) Murphy Brown, she got to play one on TV; now, she gets to *be* one on TV. In February she will host *Exhale*, a four-nights-a-week talk show on Oxygen, the new cable network for women. *Exhale* will feature conversations with men and women—but mostly women—Bergen wants to learn about. One of the first shows, on the issues facing women fifty and over, will include writers Erica Jong and Gail Sheehy, and restaurateur B. Smith.

Bergen knows people will be tuning in expecting to see Murphy Brown's patented brand of "gotcha" journalism. "Murphy was a television character," she says, in patient tones. "I am not." Admittedly, the woman who took on Dan Quayle in 1992, when he tried to make Murphy Brown's single motherhood an example of America's "loss of family values," does regret having to curb her own political impulses this campaign season. She needs to remain impartial, because she wants all the candidates to appear on her show. But she can't resist a Murphyesque swipe at Donald Trump. "Did you see him with his model du jour today?" she says gleefully. "It's a potent campaign tool, I suppose, to have your girlfriend at your side in her Manolo Blahnik stilettos."

The child of ventriloquist Edgar Bergen and model Frances Westerman, Bergen wrote perceptively about life in the limelight, as the privileged "sister" of wooden dummy Charlie McCarthy, in her 1984 autobiography *Knock Wood*. The sunny, picture-perfect exterior, so suitable for Dad's photo ops, belied a solitary and introspective little girl who both counted on and was terrified by her own beauty. By the time she was thirteen, she was a magnet for the lecherous attentions of Hollywood types—both male and female.

Bergen's beauty and privilege gave her an early sense of entitlement—everything just came too easily. Flunking out of college (for failing her gut courses, art and opera) was something of a wake-up call, though she didn't exactly have to work at Denny's: Modeling and acting jobs followed. While she was growing up, Bergen said she wanted to be Brenda Starr—"a crack reporter in high-fashion clothes on dangerous assignments"—and she did work occasionally as a photographer and journalist for magazines like *Life* and *Esquire*. But she always returned to the movies, often cast as—according to her description—"the Snow Queen, a natural for rape scenes: the woman men love to defile." But even though she won acclaim for meaty roles like the lesbian Lakey in *The Group* (contributing to a lifelong rumor about her own sexuality), the dream girl in *Carnal Knowledge*, and the aspiring singer who couldn't carry a tune in *Starting Over* (for which she won an Oscar nomination for Best Supporting Actress), her impassive beauty often worked against her. As the film critic Pauline Kael once said, "[Candice Bergen's] only flair is in her nostrils."

If she wasn't capturing critics' hearts, Bergen wasn't wanting for male attention.

"CANDICE IS NOT A LITTLE BIT FUNNY, SHE'S HILARIOUS," SAYS PAL DIANE SAWYER, CO-ANCHOR OF *20/20* AND *GOOD MORNING AMERICA*. "SHE CAN DO A GREAT IMPERSONATION OF MIKE WALLACE"

But marriage was never a goal. "I didn't have a financial need, and I wasn't very gifted at relationships. I probably was more like what we think of boys as being: hard to pin down and wary of commitment."

Until, that is, she met French director Louis Malle, a man whose films, from *Murmur of the Heart* to *Pretty Baby* to *Atlantic City*, were some of the greatest film works of the past thirty years. In *Knock Wood*, Bergen's description of the first *(continued on page 232)*



EARRINGS, TORRE RODRIN GOTHIC.



What's Your Beauty I.Q.

LOOKING GREAT TODAY IS ALL ABOUT SMARTS: KNOWING THE TRENDS AND WHAT THEY CAN—AND CAN'T—DO FOR YOU. TAKE OUR STYLE QUIZ AND FIND OUT WHAT REALLY WORKS BEST.

BY LOIS JOY JOHNSON



FIX IT FAST

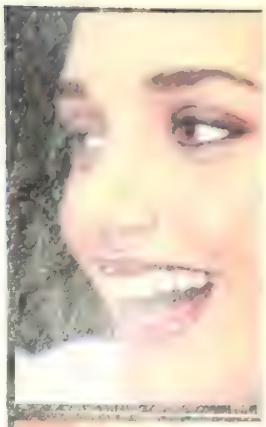
DO YOU KNOW THE BEST WAY TO: A. SOFTEN A FAVORITE-COLOR LIPSTICK THAT LOOKS TOO HEAVY? B. TONE DOWN BLUSH THAT'S TOO BRIGHT? C. FRESHEN A DULL MANICURE WITHOUT RE-DOING IT? D. FIRM UP MUSHY MAKEUP—EYELINER AND LIPSTICK—JUST LIKE NEW? E. FIX YOUR BASE FOUNDATION THAT'S GONE ON TOO THICK OR LOOKS CAKEY?

answers: A. Blot with a tissue, then brush on a pale shimmery gloss. B. Brush on loose face powder or baby powder. C. Massage a drop of olive oil onto each fingertip. D. Pop them into a plastic bag and put them in the freezer overnight. E. Mist face with water spray; blot gently with sponge or tissue to remove excess.

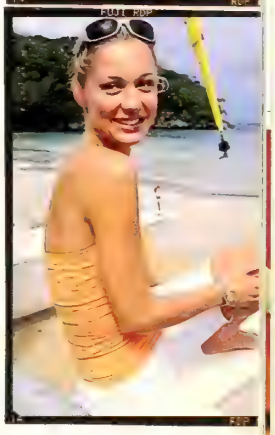
TRUE OR FALSE?

1. If you're using Retin-A, Renova or Accutane, you should never wax facial hair.
2. The easiest, least painful way to tweeze brows is to do so after showering.
3. Apply sunblock the minute you go outdoors to get the most protection.

answers: 1. False, but be very careful: The sloughing action of these prescription skin treatments renders skin extra-sensitive to any other procedures, so before waxing, discontinue using Accutane for one month; Retin-A and Renova for five days.
2. True. Wet, steamy heat softens skin and hair at the root, so you don't have to tug as hard.
3. False. For maximum efficacy, smooth on sunblock with an SPF of 15 or greater thirty minutes before sun exposure.







eye openers

YOU'RE READY TO GET RID OF THAT BORING BROWN EYESHADOW, BUT DO YOU KNOW WHICH OF THESE NEW COLORS BEST FLATTER YOUR BABY BLUES, GREENS OR BROWNS?



CORAL: blue, green eyes. Try: Revlon Wet/Dry Shadow in Sun Sparks.
GRAPE: green, hazel, brown. Try: Christian Dior Effets De Ombre in Mauve & Burgundy.
PISTACHIO: hazel, brown. Try: BeneFit Creme Eye Shadow in Have Her Home By. . . .
RASPBERRY: blue, green. Try: Chanel Le Regard Laqué eyeshadow.
PAPAYA: brown, hazel. Try: M.A.C. Eye Shadow in Juiced.

FACT OR MYTH?

1. CUCUMBER SLICES REDUCE EYE SWELLING. FACT—PLACE SLICES OF CHILLED CUCUMBER, A NATURAL DIURETIC, ON LIDS FOR 15 MINUTES TO DIMINISH WATER RETENTION.

2. WORKING OUT WITH MAKEUP ON CAUSES BREAKOUTS. FACT—MAKEUP AND MOISTURIZER MIX WITH PERSPIRATION AND CLOG PORES.

3. DRY SKIN SHOULD NEVER USE SOAP OR TONER. MYTH—JUST CHOOSE WISELY: GO FOR A BEAUTY BAR RICH IN EMOLLIENTS AND AN ALCOHOL-FREE TONER.

4. DUNKING YOUR FACE IN ICE WATER FRESHENS SKIN. MYTH—IF YOU CAN STAND IT, IT SURE WILL WAKE YOU UP, BUT IT CAN ALSO CAUSE BROKEN CAPILLARIES AND FURTHER IRRITATE SENSITIVE SKIN.

5. A FABRIC SOFTENER SHEET RUBBED OVER YOUR HAIR ELIMINATES STATIC, FLYAWAYS. FACT—BUT YOU'LL ALSO BE ADDING GREASE VIA THE SHEET'S WAXES AND EMOLLIENTS.

EYE DOS

THE EYES MAY HAVE IT, BUT WHO HAS THESE EYES FIND OUT HOW THESE MYSTERY WOMEN MAKE UP WITH THE NEWEST EYE ENHANCERS

CLOSE-SET: Line the outer half only of both upper and lower lid; apply shadow from the halfway point, too, and softly smudge out. Jenna Elfman

SMALL: Make eyes look larger by using a dark liner on top lid, a lighter shade on lower lid, like dark brown paired with taupe, or charcoal paired with silver. Ashley Judd

TIRED, DROOPY LIDS: To give the illusion of lift, line upper lid only in an eye-brightening color like navy; sweep line up slightly at outer-eye corner. Helen Hunt

DEEP-SET: To counteract heavy top lid, line upper lid with pale, shimmery liner, such as a frosted ivory shade. Line lo lid in a medium-tone neutral, such as moss. Ellen Pompeo

how long does it last?

WE ALL KNOW TO REPLACE MASCARA EVERY THREE MONTHS, B NEW-TO-THE-SCENE BEAUTY PRODUCTS IN YOUR MEDICI





HAT ABOUT THOSE EST AND MAKEUP BAG?

TRAIGHTENING
AIR GEL: 1 year

VITAMIN C
TREATMENT
PATCHES:
3 years



SKIN SERUM:
3 to 6 months

STICK
FOUNDATION:
1 year

TACKY OR TRENDY?

Q. *Dark or faded:* Which denim is dress-up, which is dowdy?
A. Go for the bold—dark washes are making a style statement in slim jeans, pencil skirts and jackets. Add high-heel sandals, a beaded sweater or glitzy accessories for the trendiest look.
Q. *V-necks:* How low can you go?
A. Unless you're on the runway or lounging around at a seaside resort, stick to a V-neck that doesn't reveal cleavage, or choose a boatneck style when you want a barer look without showing too much skin.
Q. *Leather, suede and cashmere:* For winter only?
A. No way! These materials are now lighter than ever and done up in spring-worthy pastels and brights, too.
Q. *Sheer fabrics:* Wearable anywhere but the runway?
A. Yes, but be sure to slip a nude camisole on underneath and save such a sexy look for events that commence after five.





SKIN-CARE BUZZWORDS

WHAT INGREDIENTS ARE BEST FOR YOUR SKIN? MATCH THOSE LISTED WITH THEIR CORRECT DEFINITION.

alpha-hydroxy acid
antioxidants
ceramide
fruit acid
humectant
hydroquinone
Renova
Retinol

A. Exfoliants derived initially from natural sources, used in antiaging products to slough away dead skin, revealing new skin.
B. Ingredients (like glycerin, hyaluronic acid and urea) that attract moisture and hold water in the skin.
C. A bleaching agent that lightens existing brown spots and retards pigment production.
D. Chemicals (including lactic, fruit and glycolic acids) that loosen dead cells from the skin's surface, increasing cell turnover for smoother-textured skin.
E. FDA-approved prescription that can reduce wrinkles and erase age spots.*
F. Synthetic replicas of lipids, the fatty component in skin, added to creams and serums to minimize wrinkles and smooth the complexion.
G. A pure form of vitamin A used in over-the-counter antiaging skin-care products.
H. Vitamins A, C and E that absorb and deactivate free radicals, highly unstable molecules that wreak havoc with healthy skin.

BYE-BYE, MISBEHAVIN' HAIR



misbehavin' hair solutions
Cowlicks: A, C, I. Crimp marks: B, D, I.
Dull hair: D, G, H. Fine, limp hair: C, F.
Bang control: B, G. Frizzies: B, E.

ZZWORDS

-hydroxy acids, D.
xidants, H.
ride, F.
acid, A.
ctant, B.
quinone, C.
va, E.
ol, G.

IN & OUT

OF THE NINE ITEMS PICTURED HERE, DO YOU KNOW WHICH ONES ARE HAVING A HOT FASHION MOMENT? WE'LL GIVE YOU A HINT: THERE ARE SIX STYLE MAKERS, AND THREE ABSOLUTE STYLE BREAKERS



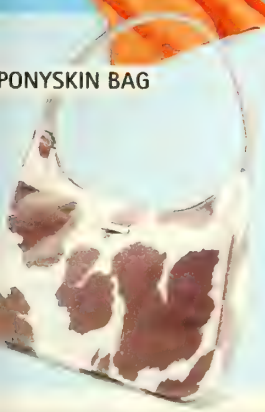
















what's hot
Tube top, cap-sleeve T, slim skirt, ponyskin bag, three-quarter-sleeve top, knee-high boots

what's not
Pumps, skirt suit, pearls

EATE YOUR OWN STYLE: Log on to the *Journal*'s Web site, *www.lhj.com*, for interactive beauty ashion features that let you try out the latest styles and makeup without leaving home. You'll find these features ww.lhj.com/beauty.

the new americ



THIS YEAR WE BUILT A HOUSE WITH ALL THE SMARTEST DESIGN IDEAS UNDER ONE ROOF. THE RESULT: A HOME FOR TWENTY-FIRST-CENTURY LIVING THAT'S TRULY AS GOOD AS IT GETS

Produced By Kimberlie A. Waugh

home



In the double-height living room, where two rows of windows are stacked above French doors, the furniture is arranged to take in the outdoor view. The oyster white paint on walls is a warm foil for abundant natural light. Between matching dark fuchsia chairs, a woven antique chest is used as a table and also for storage. Paint by Glidden; upholstered furniture by Pearson; chest from Uncommon Market, Inc.



This page: The family-friendly eating alcove—all fabrics, from napkins to chair covers, have Scotchgard protection by 3M—features a cozy window seat and a whimsical chandelier by Quorum International/Cristal. The work areas for cooking and cleanup are laid out for maximum efficiency, and the high countertop along the breakfast bar hides kitchen messes from the family room. The kitchen also boasts state-of-the-art technological touches. The remote-controlled "iCEBOX" by CMI Worldwide plays CD-ROMs and has Internet access to assist with meal planning, grocery list-making, and trying new recipes. At the dry bar, a wine chiller with two zones keeps both red and white wines at optimal temperatures. And under-cabinet halogen fixtures by Sylvania provide clear task lighting for food prep and cleanup. Small appliances by Braun. Opposite page: In the family room, wood blinds in a sugar maple that harmonizes with the kitchen cabinets tie the two rooms together. Outside-in touches include palm tree and Lane pineapple prints. Sofa by Lane; chairs and ottoman by Pearson; blinds by Hunter Douglas.







TECHNOLOGY AND TRADITION, seamlessly integrated for the greatest possible convenience and comfort: The New American Home epitomizes this house-for-the-millennium. For the ninth year, *Ladies' Home Journal* is a co-sponsor of the New American Home, in collaboration with a team of building-industry experts: Custom Homes Group L.L.C., the Evans Group, the National Association of Home Builders, the National Council of the Housing Industry, and *Builder* magazine.

The 4,560-square-foot show house north of Dallas boasts a host of smart features, from the flexible floor plan to the programmed lighting and sound systems, but it doesn't flaunt its ingenuity. "You don't have to be a computer genius to enjoy living here," says designer Susan Orlie, who planned the interior-design scheme. "It's a home that puts family first."

The exterior, with its turret, gables and stone walls, evokes a country retreat. The rooms, oriented around a lush backyard oasis, feel wonderfully airy; every major room has outdoor access, with large windows letting in the light and view.

Rooms are open to each other, too, yet also differentiated in harmonious ways. For instance, the living room's dramatic twenty-foot ceiling contrasts with the adjacent dining room's ten-foot height, and the rooms are separated by a three-sided fireplace wall. But they're unified by tile flooring, similar window treatments, and furniture in a coordinated color scheme.

This openness even extends upstairs: The first-floor family room has a cutout ceiling that looks toward the second-story library. A breakfast bar marks the boundary between family room and kitchen. That kitchen can handle a crowd, with its dining alcove, separate triangles for cooking and cleanup, planning center and dry bar. At the same time, maple cabinets, glass doors beneath the work island to display pretty dishes, a cream-colored tumbled limestone backsplash, and extra-wide plank oak floors give the kitchen a friendly feel. Like the spaces throughout the house, this one functions as both a congenial company room and a relaxing family sanctuary. —*Janet Bailey*

(continued)



In the dining room, left, a circular table invites conversation and accommodates groups both large and small. With their matte gold finish, the sconces and chandelier are elegant but not overly formal. Dining-room furniture by Lane; lighting by Cristal.

The study, below and right, is a delightful refuge with its Asian influence and variety of textures-grass-cloth walls, linen drapes, tufted leather chairs. Cherry cabinets store computer equipment. French doors on three sides allow easy traffic flow for entertaining; closed, they afford complete privacy for meetings and phone calls.



10 SMART DESIGN IDEAS

1. Versatile rooms with multiple uses—in the study, for example, the round conference table can double as extra dining space.

2. Furniture that travels. Casters on chairs in the kitchen and study make them easy to move into nearby rooms for overflow seating.

3. Coordinated fabrics in the public spaces. Similar tones link living-room with dining-room furnishings, and kitchen with family room—so the design scheme works no matter where furniture is located.

4. Timeless paint color. Classic hues like oyster white and sunshine-coast yellow on the walls and ceilings create a backdrop that will never look dated.

5. Scotchgard-protected fabrics—not just upholstery, but tablecloths and napkins—for hassle-free use day after day.

6. Attractive, integrated storage—such as the covered basket in the family room that doubles as a side table.

7. Easy-to-maintain work surfaces. On kitchen counters, a new product from DuPont—Zodiaq Quartz surfacing, made of 93 percent quartz—stands up to hot pans; and color is consistent throughout.

8. Adjustable lighting to suit (or create) any mood. Dimmers, timers, and a central programming unit make it easy to set the desired scene with one push of a button.

9. Convenient recycling that's not an eyesore: Bins are hidden behind cabinetry, in a pullout drawer beside the sink.

10. Architectural details, such as recessed niches for artwork, that add dimension and interest to large, flat walls.

All photos, Peter Vitale; stylist, Sunday Hendrickson, except for study, Michael Foster. Throughout the house unless otherwise specified: accessories, Ballard Designs, The Bombay Co.; decorative trims, Conso Products Co.; fresh flowers, 1-800-FLOWERS; paint, Glidden Co.; wood blinds and soft shades, Hunter Douglas Window Fashions; tabletop, dining and kitchen accessories, JCPenney; drapery hardware, Kirsch; furniture, upholstery and case goods, Lane's Home Furnishing Collection and Pearson Co.; framed wall art, Michael Alan Designs; rugs, Nourison; ceiling fans, Quorum International; hanging light fixtures, Cristal; lamps, Robert Abbey; draperies and pillows, table rounds sewn by Singer Sewing Co.; plants and accessories, Smith & Hawkin; lightbulbs, Sylvania; fabrics for draperies, table linens, pillows, Kravet, Robert Allen, Covington Fabrics and Waverly; Lane and Pearson upholstery and Shaw Industries carpet feature Scotchgard protection by 3M; antiques, The Uncommon Market; cabinetry, Timberlake Cabinet Co.; countertops, DuPont-Corian; windows, Hurd; doors, Peachtree; interior/exterior stone, Stone Products Corp.; hardwood floors, Bruce Hardwood Floors; planters, American Designer Pottery. Living room: floors, Crossville Porcelin Stone/USA; paintings by Annette Davidek, Gerber-Seid Fine Art; drapery fabric, Waverly; piano, Dallas Piano Warehouse; skylights, Velux-America, Inc.; outdoor furniture, Lloyd/Flanders Industries. Dining room: drapery fabric by Waverly. Home office: wallcovering, Imperial Home Decor Group; drapery fabric, Covington Fabrics; computer, IBM. Kitchen: small appliances, Braun; kitchen TV/video/CD player, CMI Worldwide; fabrics, Waverly; appliances, KitchenAid Appliances; wine chiller, SubZero; plumbing fixtures, sink, Kohler; disposal, hot-water dispensers, In-Sink-Erator; backsplash, DalTile. Media room: drapery fabric, Kravet. Details, page 226.

floor plan

The rooms featured on these pages are marked with a red dot on the floor plan of the New American Home. Next month, in part II, we visit the home's private quarters—the bedrooms and baths. In May, the tour continues through the specialty spaces: the outdoor oasis, upstairs play area, and Internet room.

FIRST FLOOR 2874 sf
SECOND FLOOR 1621 sf
TOTAL A/C 4495 sf

FIRST FLOOR



Try SEVERE COLD & FEVER Formula in Bubble Gum Flavor.



You know exactly what symptoms she has. So why risk giving her side effects from ingredients she doesn't n
Try Triaminic.® With the widest range of symptom-specific children's cold formulas, it's easy to treat her righ



Triaminic

The right relief without the wor

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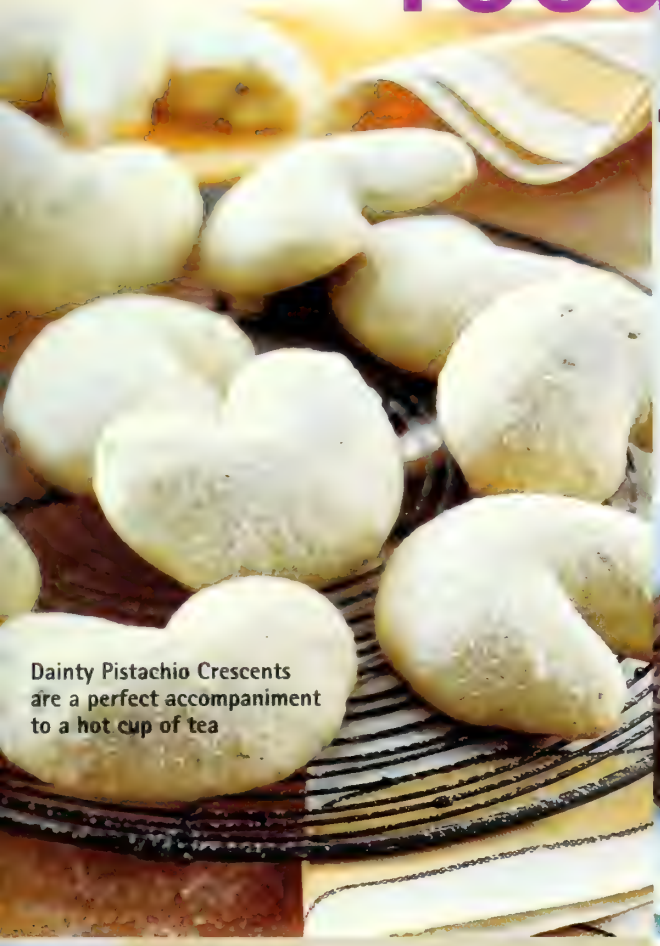


Doll shown smaller than actual size of 12" in height, including hat.



Matt Horton
Former Muffin Maker

food journal



Dainty Pistachio Crescents are a perfect accompaniment to a hot cup of tea



Chocolate Chocolate Chips are topped with toffee sprinkles



Serve Butterscotch-Pecan Tiles à la mode for a quick but elegant dessert

MARCH MENU

No time to bake from scratch? These **20-MINUTE COOKIES** will yummily change your mind about that! Find out how we cook quick and delicious in our own kitchens with the recipes in **FOOD EDITOR'S FAST FAVORITES.** Enjoy a classic seafood stew, **BOUILLABAISSE,** with a bayou twist from our guest chef, heat things up with Texas-style **CHILI** or turn linguine into something special with in-season **ARTICHOKES**

20-MINUTE BAKING

CHOCOLATE CHOCOLATE CHIPS

Sprinkle toffee bits over these rich, chocolaty cookies while they're still warm for a doubly delicious treat.

Total prep and baking time: 20 minutes
EASY, MICROWAVE USED

- 1/2 cup butter or margarine
- 3 ounces unsweetened chocolate squares, broken in half
- 1 cup sugar
- 2 large eggs
- 1/2 teaspoon vanilla extract
- 3/4 cup all-purpose flour
- 1/3 cup unsweetened cocoa
- 1/2 teaspoon baking soda
- 1/4 teaspoon salt
- 1 cup chocolate chips
- 2 tablespoons English toffee bits for baking

1. Arrange oven racks in upper and lower third of oven. Heat oven to 350°F. Grease 2 large cookie sheets.
2. Microwave butter and chocolate in microwaveproof bowl on High 2 minutes 15 seconds; let stand 2 minutes. Stir until melted. Stir sugar into chocolate; beat in eggs and vanilla. Whisk together flour, cocoa, baking soda and salt in a bowl. Stir into chocolate mixture until blended. Stir in chips.
3. Drop batter by rounded measuring tablespoonfuls onto sheets. Bake 10 to 11 minutes, until tops look dry, not shiny. Transfer to wire racks. Immediately sprinkle with toffee bits. Makes 2½ dozen cookies.

Per cookie: 120 calories, 7 g total fat, 4 g saturated fat, 23 mg cholesterol, 82 mg sodium, 15 g carbohydrates, 1 g protein, 8 mg calcium, 1 g fiber

PISTACHIO CRESCENTS

This nut-filled dough mixes up easily—all that's left is to shape and bake!

Total prep and baking time: 20 minutes
EASY, MICROWAVE USED

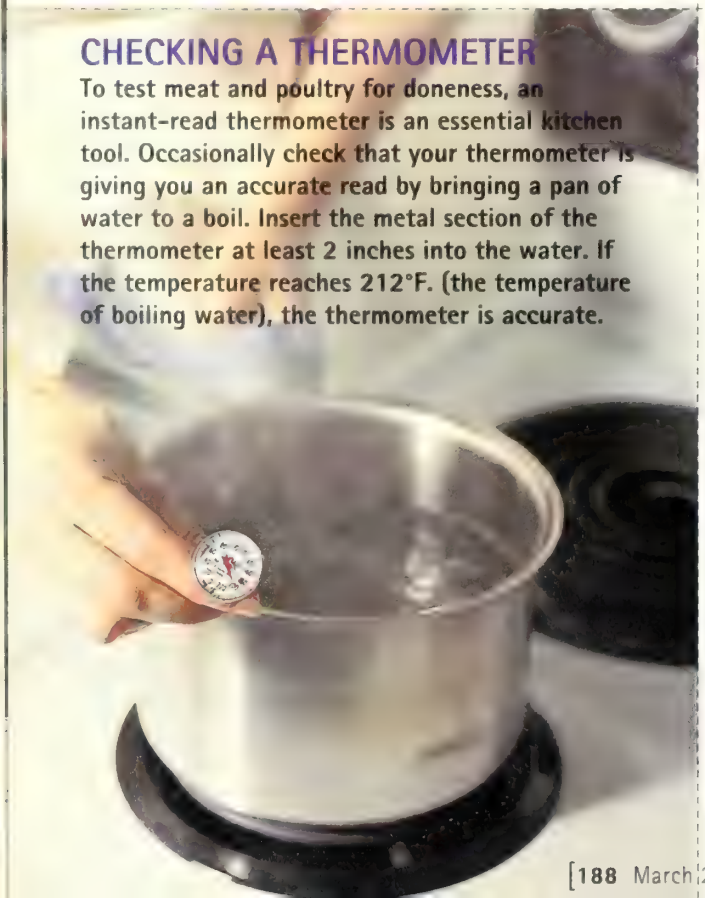
- 2 tablespoons butter or margarine
- 1/3 cup granulated sugar
- 1 large egg
- 1/4 teaspoon almond extract
- 3/4 teaspoon baking powder
- 3/4 cup all-purpose flour
- 2 tablespoons unsalted, shelled pistachio nuts, finely chopped
- 1/8 teaspoon salt
- Confectioners' sugar

1. Arrange oven rack in upper third of oven. Heat oven to 350°F. Grease a large cookie sheet.
2. Melt butter in a large microwaveproof bowl on High 1 minute. Whisk in granulated sugar, egg and almond extract. Sprinkle baking powder over top; whisk to blend. Stir in flour, pistachios and salt. (Mixture will be sticky, but that's okay.)
3. Drop batter by level measuring tablespoonfuls onto waxed paper. With floured hands, lightly roll each into a 2-inch-long rope. Transfer to cookie sheet, curving each cookie into a crescent shape. Bake 10 to 12 minutes, until bottoms are golden. Transfer to wire racks. Sprinkle with confectioners' sugar. Makes 14 cookies.

Per cookie: 75 calories, 3 g total fat, 1.5 g saturated fat, 20 mg cholesterol, 69 mg sodium, 11 g carbohydrates, 1 g protein, 19 mg calcium, 0 g fiber

CHECKING A THERMOMETER

To test meat and poultry for doneness, an instant-read thermometer is an essential kitchen tool. Occasionally check that your thermometer is giving you an accurate read by bringing a pan of water to a boil. Insert the metal section of the thermometer at least 2 inches into the water. If the temperature reaches 212°F. (the temperature of boiling water), the thermometer is accurate.



BUTTERSCOTCH-PECAN TILES

Food Editor's Favorite

Simple to make and terrific to pair with a scoop of ice cream. For perfect triangles, cut cookies before they cool.

Total prep and baking time: 20 minutes
EASY, MICROWAVE USED

- 1/2 cup butter (no substitutes)
- 2/3 cup packed brown sugar
- 1 large egg
- 1 teaspoon vanilla extract
- 3/4 teaspoon baking powder
- 1 1/3 cups all-purpose flour
- 1/4 teaspoon salt
- 2/3 cup chopped pecans
- Dulce de leche or vanilla ice cream (optional)

1. Heat oven to 375°F. Grease a 15½x10½-inch jelly-roll pan.
2. Microwave butter and sugar in a microwaveproof bowl on High 1 minute 45 seconds; stir until smooth. Stir in egg and vanilla. Sprinkle baking powder over top; stir in with flour and salt until blended.
3. Spread dough evenly to cover bottom of pan. Sprinkle top with pecans. Bake 11 to 12 minutes, until golden. Cool five minutes on a rack. Cut into 16 triangles. Serve with ice cream, if desired. Makes 16 cookies.

Per cookie: 160 calories, 9.5 g total fat, 4 g saturated fat, 29 mg cholesterol, 123 mg sodium, 18 g carbohydrates, 2 g protein, 27 mg calcium, 1 g fiber ■

Recipes by Cynthia DePersio

FOR A SPECIAL OFFER ON BAKING SUPPLIES, PLEASE SEE PAGE 232.

Not every source of calcium comes with a milk mustache.



TWICE THE CALCIUM OF OTHER SLICES.



From our kitchens to yours: LHJ Associate Food Editor Carol Prager serves Italian Sausage with Polenta and Garlicky Swiss Chard (this page) with crusty bread. Food Editor Jan Hazard's One-Sided Cooked Salmon, served with [illegible] Potatoes with Bacon (near top right), is the easiest fish dish you'll ever make! Test Kitchen Associate Cynthia DePersio's Pasta with Bolognese Sauce (far bottom right) tastes like it cooked for hours. For weekend gatherings, Jan's dinner—Chili-Coated Pork Tenderloin (bottom right), [illegible] Butternut Squash, Oven-Baked Broccoli and Honey-Baked Pears with mascarpone cheese (far top right)—takes only one hour

FOOD EDITORS

JUST LIKE YOU, WE WANT A DELICIOUS, NO-FUSS DISH O









AST FAVORITES

TABLE *QUICK*: CHECK OUT WHAT WE'RE COOKING TONIGHT





We share *all* our quick-cooking secrets! Each menu offers an easy-to-follow game plan with tons of tips so everything will be ready without a hitch. Assistant Food Editor Jane Yagoda Goodman serves 30-minute Crispy Chicken Tenders and Speedy Sweet Potatoes (above) for her kids at least once a month. Test Kitchen Assistant Alena Ramnauth's specialty is rich, flavorful stews, and her 60-minute meatless Curried Vegetable Stew with Couscous (left) with assorted condiments is a family favorite

30-MINUTE WEEKDAY MEALS

JAN HAZARD'S MENU
One-Sided Cooked Salmon
Smashed Potatoes with Bacon
Cooked peas*
*(*Recipe not included)*

Game Plan:
1. Start cooking potatoes.
2. Prepare salmon and cook.
3. Mash potatoes.

ONE-SIDED COOKED SALMON

I had this entrée at a New York City restaurant and then replicated it in my kitchen. You don't need to turn the fish—the fillets cook skin side down, so it gets nice and crispy.

Prep time: 5 minutes
Cooking time: 6 to 7 minutes
EASY, LOW-CALORIE

2 tablespoons flour
Salt
1/4 teaspoon pepper
1 1/4 pounds center-cut salmon fillet, cut crosswise into 4 pieces
1 tablespoon olive oil
2 tablespoons chopped dill

1. Combine flour, ½ teaspoon salt and pepper on waxed paper. Dip each piece of salmon skin side down into the flour mixture, shaking off the excess; set aside on waxed paper. Sprinkle evenly with ½ teaspoon salt; set aside.
2. Meanwhile, heat a large skillet over high heat for 1 minute. Reduce heat to medium-high; add oil and heat 1 minute. Add the fish, skin side down. Cover and cook 5 to 6 minutes or to desired doneness. Sprinkle with dill. Makes 4 servings.

Per serving: 305 calories, 19 g total fat, 3.5 g saturated fat, 84 mg cholesterol, 666 mg sodium, 3 g carbohydrates, 29 g protein, 19 mg calcium, 0 g fiber

SMASHED POTATOES WITH BACON

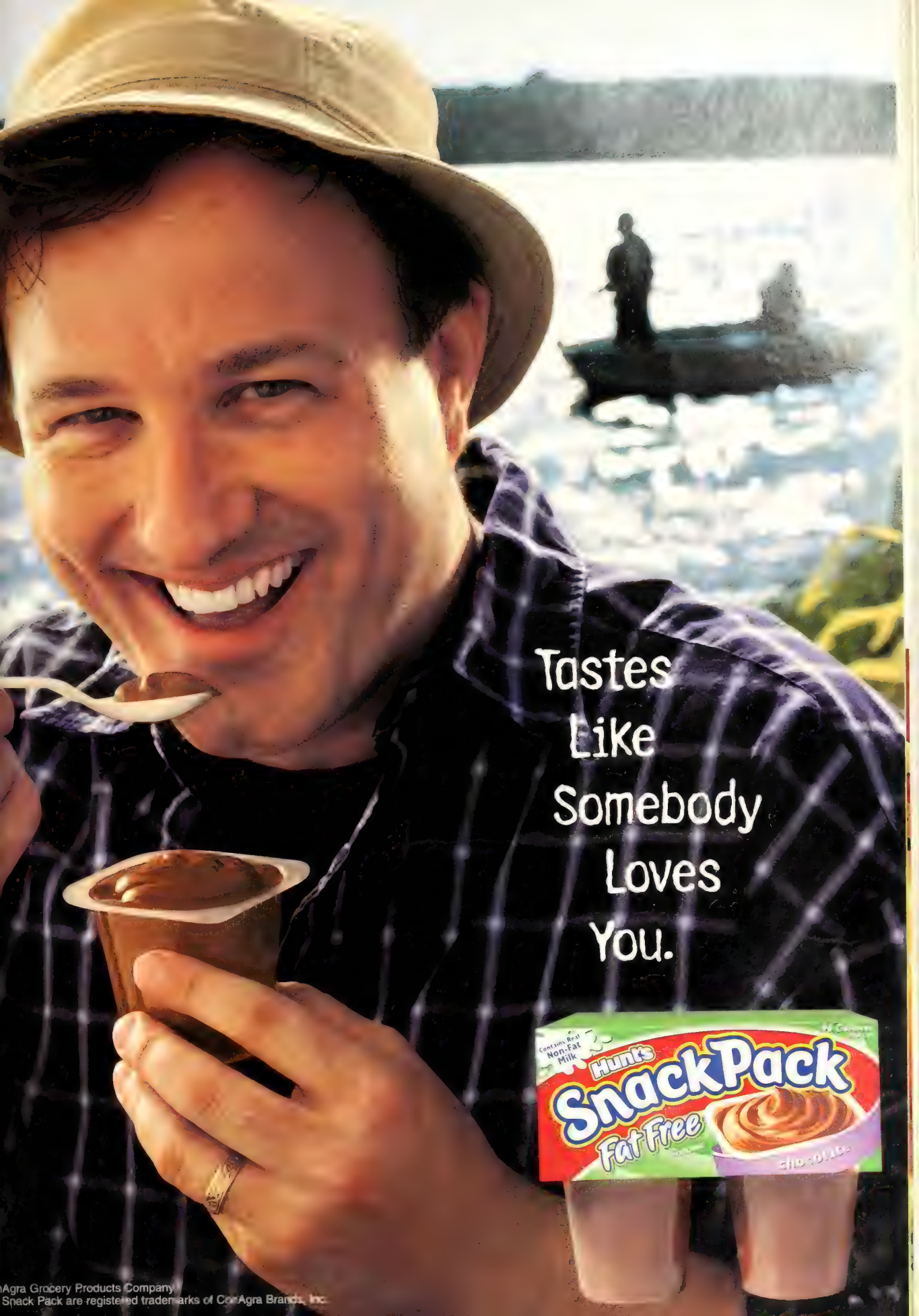
I cook red-skinned potatoes in clam broth for extra flavor, then mash them with their skins on.

Prep time: 5 minutes
Cooking time: 16 to 19 minutes
EASY, MICROWAVE USED

1 1/2 pounds small red-skinned potatoes, quartered
1 bottle (8 oz.) clam juice
1 teaspoon salt
Water
1 slice bacon
2 tablespoons butter

1. Bring potatoes, clam juice, salt and water to cover to a boil in a saucepan. Reduce heat to medium; cover and cook 15 to 18 minutes, until fork-tender.
2. Meanwhile, microwave bacon on paper towels on High 80 seconds, until crisp. Drain and crumble.
3. Drain the liquid from potatoes, reserving 1 cup; discard any remaining liquid. Add butter to potatoes in saucepan; cover pan and return to high heat for 1 minute. Remove from heat and mash the potatoes; then add enough of the reserved 1 cup cooking liquid until smooth. Sprinkle with bacon. Makes 4 servings.

Per serving: 200 calories, 7 g total fat, 4 g saturated fat, 17 mg cholesterol, 808 mg sodium, 31 g carbohydrates, 4 g protein, 10 mg calcium, 3 g fiber *(continued)*



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CAROL PRAGER'S MENU
Italian Sausages with Polenta
Garlicky Swiss Chard

Game Plan:
1. Start to make polenta.
2. Make Garlicky Swiss Chard; stir polenta halfway through cooking.
3. Cook Italian sausages.
4. Stir cheese into polenta.

ITALIAN SAUSAGES WITH POLENTA

I'm constantly looking for better ways to cook in my tiny apartment kitchen, so I use the microwave often a lot. It's a great way to make a fabulous, creamy polenta.

Prep time: 5 minutes
Cooking time: 18 minutes
EASY, MICROWAVE USED

Polenta
- 1 can (14 1/2 oz.) chicken broth
- 1 cup yellow cornmeal
- 2 1/2 cups milk
- 1/4 teaspoon freshly ground pepper
- 1/3 cup freshly shredded Parmesan cheese
- 8 links Italian sausage (2 lbs.)
- 1/2 cup water
- Garlicky Swiss Chard (recipe follows)

1. *Make polenta:* Whisk broth and cornmeal in a large microwaveproof bowl. Whisk in milk and pepper. Microwave on High 9 minutes. Whisk again; microwave 9 minutes more, until thickened.
2. Meanwhile, heat a 12-inch nonstick skillet over high heat 1 minute. Add sausages and cook, turning, until browned. Add water. Cover skillet and cook sausages 5 minutes. Uncover; cook sausages, turning, until liquid evaporates and sausages are charred.
3. Whisk cheese into polenta; divide among 4 shallow serving bowls. Top each serving with 2 sausages. Makes 4 servings.

Per serving: 805 calories, 51.5 g total fat, 20 g saturated fat, 157 mg cholesterol, 2,194 mg sodium, 37 g carbohydrates, 45 g protein, 334 mg calcium, 2 g fiber

GARLICKY SWISS CHARD

I make it a habit to shop at the farmer's market once a week, and this is one of my best quick side dishes.

Prep time: 10 minutes
Cooking time: 15 to 16 minutes
EASY

- 2 tablespoons olive oil
- 1 medium onion, thinly sliced
- 2 cloves garlic, thinly sliced
- 2 pounds green or red Swiss chard, ri
  trimmed, and sliced 2 inches thick
- 1/4 teaspoon salt
- 1/4 teaspoon freshly ground pepper

Heat oil in a 6-quart Dutch oven
medium-high heat. Stir in onion;
er and cook, stirring, 5 minutes,
tender. Add garlic; cook 30 sec
Increase heat to high; stir in hal
Swiss chard, salt and pepper. C
and cook 2 minutes. Stir in remai
chard. Cover and cook 8 min
more, stirring, until tender. M
4 servings.

Per serving: 120 calories, 7 g total fat, 1 g saturat
0 mg cholesterol, 590 mg sodium, 12 g carbohydrat
protein, 118 mg calcium, 4 g fiber

JANE YAGODA GOODMAN'S MENU
Crispy Chicken Tenders
Speedy Sweet Potatoes
Cooked green beans*
(*Recipe not included)



e Plan:
am sweet potatoes.
at oven. Marinate chicken in
rmilk.
ok chicken in batches; keep warm.
ke garlic butter; add to sweet
oes and toss.

SPY CHICKEN TENDERS

est Recipe of the Month

chicken is one of my family's all favorites. These quick-cooking en tenders deliver the same great r and crunch for busy weeknights.

time: 10 minutes plus standing
ing time: 8 to 12 minutes
, LOW-FAT

pounds chicken tenders
aspoon salt, divided
buttermilk
aspoon red pepper sauce
cups all-purpose flour
aspoon freshly ground pepper
aspoon paprika
cinnamon
vegetable oil
dy Sweet Potatoes (recipe follows)
ed green beans
pepper sauce or ketchup (optional)

1. Heat oven to 300°F. Sprinkle chicken with ¼ teaspoon salt. Combine buttermilk and red pepper sauce in bowl. Add chicken; let stand 10 minutes.
2. Combine flour, remaining salt, pepper, paprika and cinnamon in large resealable plastic storage bag.
3. Remove chicken from buttermilk, letting excess drip. Add half the chicken to flour mixture; shake to coat. Transfer chicken to sheet of waxed paper. Repeat.
4. Heat oil in large skillet over medium-high heat until oil is very hot, 3 to 5 minutes. Cook chicken in batches until golden brown, 2 to 3 minutes per side. Transfer chicken to a cookie sheet and keep warm in oven. Repeat.
5. Serve chicken with red pepper sauce or ketchup. Makes 4 servings.

Per serving: 435 calories, 13 g total fat, 2 g saturated fat, 100 mg cholesterol, 435 mg sodium, 31 g carbohydrates, 44 g protein, 6 mg calcium, 1 g fiber

SPEEDY SWEET POTATOES

I love having good-for-you sweet potatoes, and to get them to the table quickly, I always steam them.

Prep time: 10 minutes
Cooking time: 15 minutes
EASY

1½ pounds sweet potatoes, peeled and quartered

Garlic butter
1 tablespoon butter or margarine
1 teaspoon minced garlic
¼ teaspoon salt
¼ teaspoon freshly ground pepper

1. Arrange a steamer basket in a saucepan. Add enough water to reach just under the basket. Add potatoes, cover pan and bring water to a boil. Reduce heat and cook potatoes until tender, 15 minutes.
2. *Make garlic butter:* Meanwhile, melt butter in small skillet over low heat. Add garlic, salt and pepper. Cook until garlic is fragrant, 2 to 3 minutes. Drizzle sweet potatoes with garlic butter; stir to coat. Makes 4 servings.

Per serving: 155 calories, 3 g total fat, 2 g saturated fat, 8 mg cholesterol, 188 mg sodium, 30 g carbohydrates, 2 g protein, 30 mg calcium, 4 g fiber

CYNTHIA DEPERSIO'S MENU

Pasta with Bolognese Sauce
Tossed green salad*
**Recipe not included*

continued

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Game Plan:
1. Bring water for pasta to a boil.
2. Start Bolognese sauce: Microwave tomatoes, tomato sauce and seasonings.
3. Finish Bolognese sauce; add pasta to boiling water.
4. Grate cheese.
5. Assemble green salad.

PASTA WITH BOLOGNESE SAUCE

My family loves of all types of pasta. This one satisfies the craving for a hearty tomato and meat sauce, but it cooks up faster than classic spaghetti and meatballs.

Total prep and cooking time: 30 minutes
EASY, MICROWAVE USED

Bolognese sauce
- 1 can (28 oz.) crushed tomatoes in puree
- 3 cans (8 oz. each) tomato sauce
- 1/3 cup water
- 1/2 teaspoon rosemary
- 1/4 teaspoon crushed red pepper
- 1/8 teaspoon crushed fennel seed
- 1 tablespoon olive oil
- 1/2 cup chopped onion
- 1/2 pound sliced shiitake or white mushrooms, coarsely chopped
- 1 tablespoon chopped garlic
- 1/2 pound ground veal
- 1/2 pound ground pork
- 1/2 teaspoon salt
- 1/4 teaspoon freshly ground pepper
- 3/4 cup white wine

1 pound castellane or rigatoni pasta
Grated Romano or Parmesan cheese
Tossed green salad

1. Bring water for pasta to a boil.
2. Microwave tomatoes, tomato sauce, water, rosemary, crushed red pepper and fennel seed, covered, in a microwaveproof bowl on High 15 minutes.
3. Heat oil in 12-inch skillet. Add onion, mushrooms and garlic; cook 8 minutes. Add veal and pork; sprinkle with salt and pepper. Cook, breaking up meat with a spoon, until no longer pink. Add wine; gently boil 2 minutes. Stir in tomato mixture. Bring to a boil. Cover and simmer 10 minutes.
4. Meanwhile, start to cook pasta according to package directions.
5. Drain pasta; return to pot. Toss pasta with 2 cups of sauce; transfer to a bowl. Top with 1 cup of the sauce. [illegible] with remaining sauce and c[illegible] Makes 4 servings.

Per serving: 815 calories, 21.5 g total fat, 7 g [illegible] fat, 87 mg cholesterol, 1,726 mg sodium, 115 g [illegible] drates, 41 g protein, 149 mg calcium, 8 g fiber

60-MINUTE WEEKEND MEALS

JAN HAZARD'S MENU
Chili-Coated Pork Tenderloin
Oven-Baked Broccoli
Sweetened Butternut Squash

Game Plan:
1. Heat oven. Coat pork with spices.
2. Prep squash; cut broccoli and leek
3. Roast pork.
4. Roast broccoli in same oven as po[illegible]
5. Cook squash; add leeks to broccoli

CHILI-COATED PORK TENDERLOIN

Whenever I serve this to family [illegible] friends, they all want the recipe. [illegible] I like to roll the tenderloins in [illegible] spices on waxed paper for speed [illegible] easy cleanup.

WHEN OTHER TRASH BAGS BREAK,

DON'T GET MAD



me: 5 minutes plus standing
time: 25 to 30 minutes
LOW-CALORIE

ounds pork tenderloin, rinsed and
cted dry
espoon chili powder
poon salt
poon oregano
spoon freshly ground pepper
spoon cumin
spoon ground red pepper
-Baked Broccoli (recipe follows)
ened Butternut Squash
cipe follows)

t pork stand at room temperature
inutes. Grease a metal 13x9-inch
g pan. Heat oven to 450°F.
ombine all the spices on sheet of
d paper. Roll tenderloins in the
s to coat; transfer to pan. Roast
o 30 minutes, until instant-read
nometer inserted into thickest part
e tenderloin reaches 155°F. Re-
e pork from oven and let stand
nutes. Makes 4 to 6 servings.

rving: 185 calories, 6.5 g total fat, 2 g saturated fat,
cholesterol, 538 mg sodium, 1 g carbohydrates,
rotein, 18 mg calcium, 1 g fiber

OVEN-BAKED BROCCOLI

This vegetable cooks along with the pork for a convenient oven meal.

Prep time: 5 minutes
Baking time: 20 to 22 minutes
EASY

2 tablespoons olive oil
4 cups broccoli florets
1 cup thinly sliced leek (about 1 large)
1/4 cup water
1/2 teaspoon salt
1/4 teaspoon freshly ground pepper

1. Heat oven to 450°F. Add oil to a 2-quart shallow glass baking dish. Heat in the oven for 2 minutes. Add broccoli and stir; top with foil. Bake 15 minutes.
2. Add leek, water, salt and pepper to broccoli and toss. Top dish with foil and bake 5 to 7 minutes more, until broccoli is tender. Makes 4 to 6 servings.

Per serving: 95 calories, 6 g total fat, 1 g saturated fat, 0 mg cholesterol, 280 mg sodium, 8 g carbohydrates, 4 g protein, 63 mg calcium, 3 g fiber

SWEETENED BUTTERNUT SQUASH

Squash [illegible] children's favorite vegetables. I've cooked it many ways, but the following is their most requested.

Prep time: 10 minutes
Cooking time: 25 minutes
EASY

1 tablespoon olive oil
2 teaspoons chopped garlic
2 1/2 pounds butternut squash, peeled and cut into 1-inch chunks (about 5 cups)
1/4 to 1/2 cup chicken broth
1 teaspoon salt
1/4 teaspoon freshly ground pepper
1/4 cup applesauce

Heat oil in a 2-quart saucepan for 1 minute over medium-high heat. Add garlic and cook 30 seconds. Stir in squash, chicken broth, salt and pepper. Reduce heat to medium; cover pan and cook 20 minutes, until squash is tender. Stir in applesauce and cook 2 to 3 minutes more. Makes 4 to 6 servings.

Per serving: 125 calories, 3 g total fat, .5 g saturated fat, 0 mg cholesterol, 526 mg sodium, 25 g carbohydrates, 2 g protein, 95 mg calcium, 4 g fiber

(continued)

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FOOD EDITORS' FAST FAVORITES

Continued

CAROL PRAGER'S MENU
Pan-Grilled Pepper Steak
Roasted Vegetable Salad

Game Plan:
1. Heat oven for Roasted Vegetable Salad. Cut vegetables; divide between pans and start to roast.
2. Heat grill pan for steak; make dressing for Roasted Vegetable Salad.
3. Grill steak.
4. Toss vegetables with dressing and spinach. Slice steak; drizzle with remaining dressing.

PAN-GRILLED PEPPER STEAK

For quick company fare, there's nothing like grilled steak—and this juicy beauty needs little adornment. I just use a jar of mixed (black, green, red and white) whole peppercorns. Drizzle part of the salad dressing over the steak.

Prep time: 5 minutes
Grilling time: 10 to 14 minutes
EASY, LOW-CALORIE

1 tablespoon mixed whole peppercorns or black peppercorns, crushed



¾ teaspoon salt
1½ pounds beef flank steak
Roasted Vegetable Salad (recipe follows)

1. Oil a large grill pan; heat over high heat until smoking, 5 minutes.
2. Combine peppercorns and salt; rub over both sides of steak. Grill steak 5 to 7 minutes per side for medium-rare. Makes 4 to 6 servings.

Per serving: 230 calories, 12.5 g total fat, 5.5 g saturated fat, 68 mg cholesterol, 430 mg sodium, 1 g carbohydrates, 27 g protein, 13 mg calcium, 0 g fiber

ROASTED VEGETABLE SAL

When I serve grilled steak or chick I often pair it with a warm salad this one.

Prep time: 10 minutes
Baking time: 45 minutes
EASY

2 pounds red onions, cut into chunks
1 pound rutabaga or turnips, cut into chunks
1½ pounds white, red or Yukon Gold potatoes, cut into 1½-inch chunks
1 pound carrots, cut into 2-inch pieces
2 teaspoons rosemary
8 fresh sage leaves, torn into pieces, or 1 teaspoon dried
2 tablespoons extra-virgin olive oil
1 teaspoon salt
¼ teaspoon freshly ground pepper
1 tablespoon minced garlic

Dressing
¼ cup extra-virgin olive oil
2 tablespoons fresh lemon juice
1 tablespoon thinly sliced fresh sage leaves or ¼ teaspoon dried
1 teaspoon rosemary chopped with 1 tablespoon chopped fresh parsley
⅛ teaspoon salt
⅛ teaspoon freshly ground pepper

½ of a 6-oz. bag fresh baby spinach

rrange oven racks in center and
r third of oven. Heat oven
5°F.
oss all ingredients except garlic,
ng and spinach in a large bowl.
le and spread between the bottom
broiler pan and one jelly-roll pan.
t vegetables 20 minutes; stir, then
h pans between racks. Roast veg-
es 20 minutes. Sprinkle garlic over
ables; roast 5 minutes more.
ake dressing: Whisk together all in-
ents in bowl (makes ⅓ cup).
oss vegetables with spinach and
lespoons dressing in a large bowl.
e steak with remaining dressing.
es 4 to 6 servings.

rving: 405 calories, 17 g total fat, 2.5 g saturated
ng cholesterol, 616 mg sodium, 60 g carbohydrates,
tein, 158 mg calcium, 11 g fiber

YAGODA GOODMAN'S MENU
ken Soup with Mushrooms and
avatappi

e Plan:
move meat from chicken thighs
breast.
t vegetables.
own chicken and vegetables; add
and bones and start to cook soup.
4. Add white chicken meat, pasta, mushrooms and kale to soup and complete cooking.

CHICKEN SOUP WITH MUSHROOMS AND CAVATAPPI

My youngest son, Will, loves soup so much he eats it all year long. To enrich the flavor of the soup, I simmer the bones from the chicken thighs with canned broth.



Total prep and cooking time: 1 hour
EASY, LOW-FAT

4 skinless chicken thighs (1¼ lbs.)
1 large boneless, skinless chicken breast
¼ teaspoon salt
⅛ teaspoon freshly ground pepper
2 teaspoons olive oil, divided
4 ounces shiitake mushrooms, diced
⅓ cup finely chopped onion
2 carrots, cut into ½-inch-thick diagonal pieces
2 garlic cloves, without skins
4½-inch-thick slices fresh ginger
1 bay leaf
3 cans (14½ oz. each) chicken broth
1½ cups cavatappi or elbow macaroni
1½ cups chopped kale or Swiss chard

1. With a small, sharp knife, cut chicken thighs along the bone, removing as much thigh meat as possible. Reserve bones. Cut thigh and breast meat into 1-inch pieces. Sprinkle with salt and pepper.
2. Heat 1 teaspoon oil in a small Dutch oven. Cook thigh meat until golden brown. Transfer to a bowl with a slotted spoon. Add remaining oil. Cook chicken breast until golden brown; transfer to another bowl. *(continued)*



3. Add mushrooms to Dutch oven and cook 5 minutes. Add to chicken breast. Add onion, carrots, garlic, ginger and bay leaf to Dutch oven; cook until vegetables soften, 3 to 5 minutes. Stir in chicken broth, reserved thigh meat and bones. Bring to boil. Reduce heat; cover and simmer 15 minutes.
4. Remove garlic cloves, mash and return to broth. Add pasta, chicken breast, mushrooms and kale. Cover and simmer until chicken is cooked through, 5 to 8 minutes. Discard bones. Makes 4 servings.

Per serving: 430 calories, 10 g total fat, 2 g saturated fat, 42 g protein, 75 mg calcium, 3 g fiber

ALENA RAMNAUTH'S MENU
Curried Vegetable Stew with Couscous
Assorted condiments: plain yogurt, sliced green onions, chopped fresh cilantro

Game Plan:
1. Combine spices.
2. Cut up vegetables; cook with spices.
3. Add water; simmer until vegetables are tender.
4. Make couscous; prepare condiments.
5. Add remaining ingredients to stew and cook.

CURRIED VEGETABLE STEW WITH COUSCOUS

Budget Recipe of the Month

I grew up in Guyana, and vegetable curry was often eaten after a religious fast, but now it's become my family's staple Thursday-night dinner. Substitute canned black or red kidney beans for the chickpeas, if desired.

Total prep and cooking time: 40 minutes
EASY, LOW-CALORIE

1 tablespoon cumin
1 teaspoon coriander
1 teaspoon curry powder
1/4 teaspoon allspice
1/4 teaspoon cinnamon
3/4 teaspoon salt
1/4 teaspoon freshly ground pepper
Water
3 tablespoons olive oil
1/2 cup chopped onion
1 tablespoon chopped garlic
1 tablespoon chopped fresh cilantro
1 small head cauliflower, cut into florets
2 medium zucchini, diced
1 cup green beans, cut into 1/2-inch diagonal pieces
1 cup canned chickpeas, drained and rinsed
1 cup diced fresh tomatoes
Cooked couscous
Chopped fresh cilantro, sliced green onions and plain yogurt (optional)

1. Stir spices, salt, pepper and 2 tablespoons water together in small bowl until smooth. Set aside.
2. Heat oil in large skillet over medium heat. Add onion, garlic, cilantro and spice mixture and cook, stirring, until vegetables are just beginning to soften, 1 minute. Add cauliflower, zucchini and beans; cook 2 minutes. Add 1¼ cups water; bring mixture to a boil. Cover and simmer until vegetables are almost tender, 10 minutes. Stir in chickpeas and tomatoes; simmer 5 minutes more, until vegetables are tender. Serve with couscous and chopped fresh cilantro, sliced green onions and plain yogurt, if desired. Makes 4 servings.

Per serving: 205 calories, 12 g total fat, 1.5 g saturated fat, 0 mg cholesterol, 540 mg sodium, 21 g carbohydrates, 7 g protein, 91 mg calcium, 6 g fiber

CYNTHIA DEPERSIO'S MENU
Striped Bass and Risotto in Spice Broth
Sautéed greens*
*(*Recipe not included)*

Game Plan:
1. Start to cook risotto.
2. Heat oven. Sprinkle fish with spices; sear in skillet, then bake.
3. Finish risotto; arrange on serving plates with fish.

STRIPED BASS AND RISOTTO IN SPICE BROTH

My husband, Anthony, and I entertain at home frequently. This entrée uses readily available ingredients, and I've simplified the risotto preparation by making this recipe "no stirring required."

Total prep and cooking time: 1 hour
EASY, LOW-CALORIE, MICROWAVE USED

Risotto
1 tablespoon vegetable oil
1/2 cup diced carrot
1/4 cup finely chopped shallot
2 teaspoons finely chopped garlic
4 1/2 cups chicken broth
2 bottles (8 oz. each) clam juice
1/2 cup white wine
2 tablespoons heavy or whipping cream
1/2 to 1 teaspoon Thai red curry paste*
2 cups arborio or medium-grain rice
1/2 teaspoon salt



1/2 teaspoon grated lime peel, divid
4 teaspoons coriander
1 1/2 teaspoons salt
1/2 teaspoon freshly ground pepper
8 striped bass fillets with skin (6 oz.
3 teaspoons vegetable oil, divided
2 tablespoons fresh lime juice
2 tablespoons chopped fresh cilantro
Sautéed greens

1. Heat 1 tablespoon oil in 3-q heavy-bottomed saucepan. Add ca shallot and garlic and cook until etables soften. Combine broth, juice and wine in glass measure large bowl). Pour or ladle 1½ broth mixture to a 2-cup glass meas Add cream and curry paste; set aside
2. Add remaining 5½ cups broth t ture to vegetables. Bring to a boil; in rice and salt. Reduce heat to m um; cover and cook 20 minutes, t liquid is absorbed and rice is ter with a slight bite. Stir in ¼ teasp of the lime peel.
3. Heat oven to 350°F. Combine riander, salt and pepper in a c Sprinkle over the skinless side of fillets. Heat 1½ teaspoons oil i 12-inch skillet over high heat. A 4 fillets skin side down. Immedia place the bottom of a 9-inch pie p on the fish and weight with a he can. (This will prevent the fish fr curling.) Cook 2 to 3 minutes, u skin is browned. Remove plate a can. Transfer fish with spatula, s side down, to bottom of a broiler p Repeat. Bake 5 to 6 minutes, until f flakes easily with a fork in center of lets. Sprinkle with lime juice.
4. Microwave reserved 1½ cups br mixture on High 2 to 4 minutes u very hot; stir to dissolve curry pas Add remaining ¼ teaspoon lime peel
5. Divide risotto *(continued on page 2*

EDITORS' FAST FAVORITES

ed from page 200

; 8 serving plates. Arrange fish
le up on top; pour reserved hot
around risotto. Sprinkle with
o. Serve with sautéed greens.
8 servings.

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ng: 385 calories, 10 g total fat, 2.5 g saturated
g cholesterol, 1449 mg sodium, 36 g carbohy-
g protein, 38 mg calcium, 3 g fiber

SERTS

AZARD

EY-BAKED PEARS

pears are the firmest variety of
which makes them ideal for bak-
o speed the preparation, scoop
e core with a melon baller.

rep and baking time: 45 minutes

spoons butter or margarine, cut up
pears, quartered and seeded
honey
fresh lemon juice
spoons sugar
mascarpone cheese or sour cream

1. Heat oven to 450° F. Place butter in a shallow 2-quart baking dish and melt in the oven, about 2 minutes.
2. Add pears to melted butter and toss. Pour honey and lemon juice over pears; sprinkle with sugar. Bake 35 minutes or until pears are tender. Serve warm with mascarpone. Makes 4 servings.

Per serving: 350 calories, 16 g total fat, 10 g saturated fat, 36 mg cholesterol, 97 mg sodium, 56 g carbohydrates, 2 g protein, 54 mg calcium, 4 g fiber

CAROL PRAGER

APPLE CRISP

I love to make all kinds of desserts, especially this crisp, because the flavor of apples really shines through.

Total prep and baking time: 1 hour
EASY

1/4 cup granulated sugar
1 teaspoon cinnamon
Pinch allspice
3 pounds tart green apples, peeled
1 tablespoon fresh lemon juice

Oat topping
3/4 cup all-purpose flour
3/4 cup firmly packed brown sugar



6 tablespoons butter, cut up
1/2 cup uncooked oats (not instant)

1. Heat oven to 425°F. Butter a 9-inch square baking dish.
2. Combine granulated sugar, cinnamon and allspice in a bowl. Cut apples with an apple slicer. Add apples and lemon juice to sugar-spice mixture; toss. Spoon into prepared dish.
3. *Make oat topping:* Combine flour and brown sugar in a bowl. Cut in butter until mixture resembles fine crumbs. Stir in oats. Sprinkle topping *(continued)*



evenly over fruit to cover (it will be a generous layer).

4. Bake 15 minutes. Reduce oven temperature to 350°F. and bake 25 to 30 minutes more, until top is golden and fruit is bubbly. (If topping browns too quickly while baking, cover loosely with foil.) Cool crisp on wire rack 5 minutes. Makes 6 servings.

Per serving: 440 calories, 13.5 g total fat, 7.5 g saturated fat, 33 mg cholesterol, 135 mg sodium, 81 g carbohydrates, 3 g protein, 46 mg calcium, 5 g fiber



JANE YAGODA GOODMAN

CHOCOLATE TURNOVERS

Indulgent But Worth It

Pain au chocolat (French for bread and chocolate) is the favorite treat of my son Max. I substitute the traditional puff pastry with flaky pie pastry and add a little bit of white chocolate to the bittersweet chocolate for extra richness.

Total prep and baking time: 1 hour
EASY

- 1 1/3 cups all-purpose flour
- 1 tablespoon sugar
- 1/4 teaspoon salt
- 5 tablespoons vegetable shortening, cut up
- 4 tablespoons cold butter (no substitutes), cut up
- 3 to 4 tablespoons ice water
- 1 large egg yolk
- 2 ounces bittersweet or semisweet chocolate squares, finely chopped
- 2 ounces premium white chocolate squares, finely chopped
- 4 teaspoons sugar, divided

1. *Make pastry:* Pulse flour, sugar and salt in food processor. Add shortening and butter; pulse until mixture resembles coarse crumbs. Add water through feed tube, 1 tablespoon at a time, pulsing until mixture begins to hold together but still is crumbly. Shape pastry into a ball and flatten into a thick disk. Wrap and freeze 15 minutes.

2. Meanwhile, arrange oven rack in lower third of oven. Heat oven to 425°F. Line a cookie sheet with parchment paper. Beat yolk and 1 tablespoon water in cup. Set aside.

3. Divide pastry into 4 equal pieces. Working with 1 piece at a time (refrigerate remaining 3 pieces) on a lightly floured surface, roll pastry into a 6-inch circle. Sprinkle 1 heaping tablespoon each dark and white chocolate in center of circle, leaving a 1-inch border. Brush border with egg. Fold pastry in half. Seal edges with fingertips, then trim with fluted pastry wheel. Transfer turnover with a spatula to cookie sheet. Brush top with egg; sprinkle with 1 teaspoon sugar. Refrigerate. Repeat.

4. Bake turnovers until golden brown, 16 to 20 minutes. Serve immediately, while warm. Makes 4 turnovers.

Per serving: 570 calories, 39 g total fat, 17 g saturated fat, 84 mg cholesterol, 278 mg sodium, 51 g carbohydrates, 7 g protein, 62 mg calcium, 1 g fiber

CYNTHIA DEPERSIO

PHYLLO CUPS WITH ICE CREAM AND ORANGE-CARAMEL SAUCE

I love to create spectacular desserts for company, but they have to be easy, too. That's why I use convenience products whenever possible, like the phyllo dough in this dressed-up ice-cream sundae.

Total prep and baking time: 45 minutes
EASY

Caramel sauce
- 1/2 cup sugar
- 2 tablespoons light corn syrup
- 1/2 teaspoon grated orange peel
- 1/3 cup fresh orange juice
- 2 teaspoons butter
- 1 tablespoon Cointreau (orange-flavored liqueur)

Phyllo cups
- 1 teaspoon water
- 2 tablespoons sugar
- 1/4 teaspoon cinnamon
- 3 large sheets phyllo dough
- 4 teaspoons melted butter
- 1 quart premium butter-pecan ice
- 4 oranges, peeled, pith removed an into sections

1. Heat oven to 350°F. Lightly 8 cups of a 12-cup, 2½-inch pan; set aside.

2. *Make caramel sauce:* Heat sug corn syrup in 2-quart saucepa medium heat until golden arou edge. Stir mixture and cook medium golden and sugar is co ly dissolved. Remove from heat a long-handled spoon, carefully remaining ingredients. (Mixtu be bubbly.) Cool slightly.

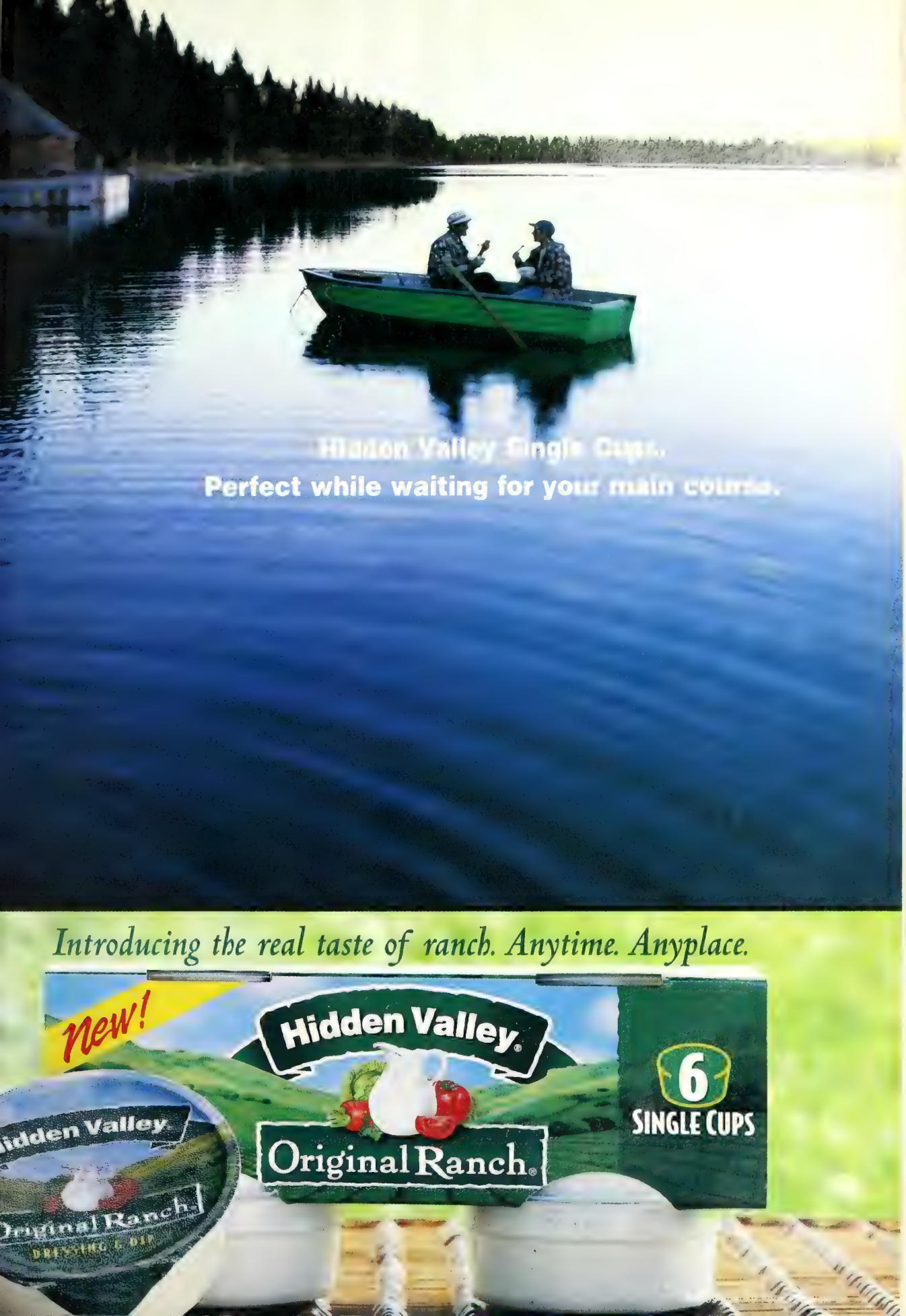
3. *Make phyllo cups:* Transfer 1 spoon sauce to a cup; stir in



Combine sugar and cinnamon i other cup. Arrange one phyllo on a work surface; cover rema phyllo with plastic wrap. Brush lightly with butter; then brush l with some caramel-water mix Sprinkle evenly with 2 teasp cinnamon-sugar. Top with an phyllo sheet, stacking evenly. R process two more times with th maining butter, caramel-water mi and cinnamon-sugar. Cut rect into quarters. Cut each quarter i crosswise. Gently press 1 rectangl 1 cup in prepared pan, allowing to stand up. Repeat. Bake 6 to 8 utes, until golden. Cool phyllo cu pan, 5 minutes. Gently lift out transfer to wire racks; cool comple

4. Fill each phyllo cup with ice cr place on a serving dish and top oranges and caramel sauce. M 8 servings.

Per serving: 350 calories, 14 g total fat, 6.5 g sa fat, 40 mg cholesterol, 279 mg sodium, 52 g ca drates, 5 g protein, 118 mg calcium, 3 g fiber ■


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Red-Hot CHILES

It's not summer yet, that's for sure, but there's a heat wave heading toward kitchens everywhere

Chiles have always been one of the hottest foods around; now they're the hottest taste trend, too. As more and more supermarkets stock chiles both fresh and dried, it's easier than ever to cook up something extra-fiery in your own kitchen. Try our recipe for Texas chili, below, or read on for other ways to enjoy the many varieties. Note: Always use rubber gloves when handling chiles.

TEXAS-STYLE CHILI

Believe it or not, there are no beans in the original "Texas Red" style. This is a meat dish that gets its great flavor primarily from chiles.

Prep time: 25 minutes
Cooking time: 2 hours to 2 hours 30 minutes
EASY

- 1¼ teaspoons salt
- ½ teaspoon pepper
- One 4-lb. beef chuck eye roast, boneless, trimmed and cubed
- 6 teaspoons oil, divided
- 2 medium onions, chopped
- Dried Chile Paste (recipe follows)
- 1 green bell pepper, diced
- 1 can (14¼ oz.) diced tomatoes
- Sour cream, tortillas and beans (optional)

1. Combine salt and pepper in large bowl. Add cubed beef and toss to coat.
2. Heat 2 teaspoons oil in large Dutch oven. Add one third of the beef and cook 4 to 5 minutes, until browned. Transfer to another bowl. Repeat process two more times, adding 2 teaspoons oil for each batch.
3. Add onions to drippings and cook 5 minutes, until softened. Stir in Dried Chile Paste, bell pepper, tomatoes and beef. Bring to a boil. Reduce heat; cover and simmer 1½ to 2 hours, until beef is tender. Serve with sour cream, tortillas and beans. Makes 6 to 8 servings.

Per serving: 400 calories, 21 g total fat, 6 g saturated fat, 130 mg cholesterol, 944 mg sodium, 13 g carbohydrate, 41 g protein, 66 mg calcium, 4 g fiber

DRIED CHILE PASTE

Prep time: 15 minutes plus standing
Cooking time: 17 to 20 minutes
EASY

1. Heat a large skillet over medium heat. Toast *4 to 6 dried ancho* or *10 to 12 pasilla chiles* 2 to 3 minutes, turning once, until fragrant. Cut chiles in half; remove seeds and stems.
2. Combine chiles with *hot water to cover* in a bowl. Let stand 20 minutes, until softened.
3. Toast *4 large cloves garlic, unpeeled,* in

(continued)





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2 tsp.	*Chili Powder*
½ cup	*Pace® Chunky Salsa*
1 cup	*Whole Kernel Sweet Corn, drained*
½ cup	*diced Red Bell Peppers*
6	*Mission Flour Tortillas, Soft Taco Size, warm*
1½ cups	*shredded Monterey Jack or Cheddar Cheese*
3	*Whole Green Chiles, canned, cut in 18 long strips (optional)*

1. *Heat a non-stick skillet over medium heat, add crumbled turkey. Cook over high heat, stirring continuously until meat is no longer pink.*
2. *Add onion and chili powder, cook 2 minutes.*
3. *Stir in Pace Chunky Salsa, corn and red peppers, cook 2 minutes.*
4. *Place ½ cup turkey mixture in center of each tortilla, top with ¼ cup cheese and 3 strips of green chiles.*
5. *Fold tortilla in half to enclose the filling. Keep warm or reheat quickly in microwave oven.*

Prep. time: 10 min. Cook time: 10 min. Servings: 4–6

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TREND

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over medium heat, turning, until blackened on all sides, 15 min- remove skins and discard.

in chiles. Puree chiles, garlic, on each *oregano* and *salt*, ½ *teaspoon min* and *freshly ground pepper* and ¾ *cup chicken broth* in blender. (*Can be made ahead. Cover and refrigerate up to 2 weeks.*) Makes 1 cup.

Per tablespoon: 30 calories, 1.5 g total fat, 5 g saturated fat, 0 mg cholesterol, 243 mg sodium, 5 g carbohydrates, 1 g protein, 17 mg calcium, 2 g fiber ■

Recipes by Michele Peters

HOT IS IT?

s fiery heat comes from capsaicin, a chemical compound found in the s membrane. The first method of measuring heat was devised by L. Scoville in 1912. The measurement technique has changed, but a heat is still indicated by Scoville units. Mild bell peppers, for instance, ro Scoville units, while the hottest chiles, habaneros, have 500,000. s heat can vary based on the climate in which it is grown and its of ripeness when picked.

ING OUT

tame the heat if you've been a bit too ambitious in your chile tasting? e milk, sour cream or yogurt. Each contains a compound called casein, helps break the hold of the capsaicin in your mouth. (Water won't help– moves the fiery oil around.)

CHILE SOURCES

ied chiles can be stored in a dry, dark place for up to six months. Several s are now available in supermarkets, or from mail-order sources. Chile lot Tamale, 800-468-7377; Mo Hotta-Mo Betta, 800-462-3220.

THE NAME GAME

H CHILES

im a.k.a. the California or long chile. Flavor: green vegetable (best d). Main uses: sauces, rajas and os. Heat level*: 250 to 1,400.

a.k.a. Hungarian wax or yellow, nana chiles. Flavor: slightly sweet, e waxy taste. Main uses: moles and sauces. Heat level: 4,000.

ero Flavor: tropical and citrusy. uses: salsa, pickled (*escabeche*). evel: 100,000 to 500,000 (the t of all!).

ño Flavor: green vegetable with Main uses: salsas, stews and sauces. evel: 5,000 to 15,000.

o Often mislabeled as pasilla. : bell-pepperish (though never med raw); smoky when roasted. uses: chile rellenos. Heat level: to 3,000.

o Flavor: crisp, pronounced. Main salsas, pickled and roasted for . Heat level: 10,000 to 15,000.

DRIED CHILES

Ancho Dried poblano (often mislabeled as a pasilla). Flavor: sweet, rich, earthy and fruity. Main uses: sauces and moles. Heat level: 1,000 to 1,500.

Chipotle A dried, smoked jalapeño, a.k.a. chile ahumado or chile meco. Flavor: smoky, sweet. Main uses: seasonings and soups (available canned in adobo). Heat level: 3,500 to 4,500.

Guajillo a.k.a. Mirasol. Flavor: spicy, tangy, slightly smoky. Main uses: salsas, chile sauces, soups and stews. Heat level: 10,000 to 20,000.

Habanero See Fresh Chiles (left)

New Mexico Red a.k.a. chile colorado and dried California chile. Flavor: earthy. Main uses: traditional red chile sauces and salsas. Heat level: 1,000 to 1,500.

Pasilla a.k.a. chile negro. Flavor: complex with berry and herbaceous tones. Main uses: traditional moles and seafood sauces. Heat level: 1,000 to 3,000.

LEVEL: ACCORDING TO SCOVILLE HEAT UNITS (SEE ABOVE)



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One Fish, Two Fish

New Orleans chef **Susan Spicer** shares her recipe for classic fish stew, bouillabaisse, with an extra tasty twist





A tantalizing mix of seafood simmering in a zesty tomato-saffron broth, bouillabaisse (BOOL-ya-BAYZ) is a seafood lover's dream. Bayona Restaurant chef and co-owner Susan Spicer breaks from tradition by using freshly squeezed orange juice in the broth. "The orange juice balances the acidity of the tomatoes, adding another flavor, instead of just sweetening it," she says. Just like the classic, Susan garnishes her bouillabaisse with rouille (roo-EE), a fiery garlic-chile sauce. She uses fish like drum and redfish, easily available in her hometown of New Orleans, but you can use whatever varieties of firm-flesh fish are fresh in your own area. To save time, make the stock and rouille a day ahead.

BOUILLABAISSE

Test Kitchen Favorite
Prep time: 40 minutes
Cooking time: 30 minutes
MODERATE, LOW CALORIE

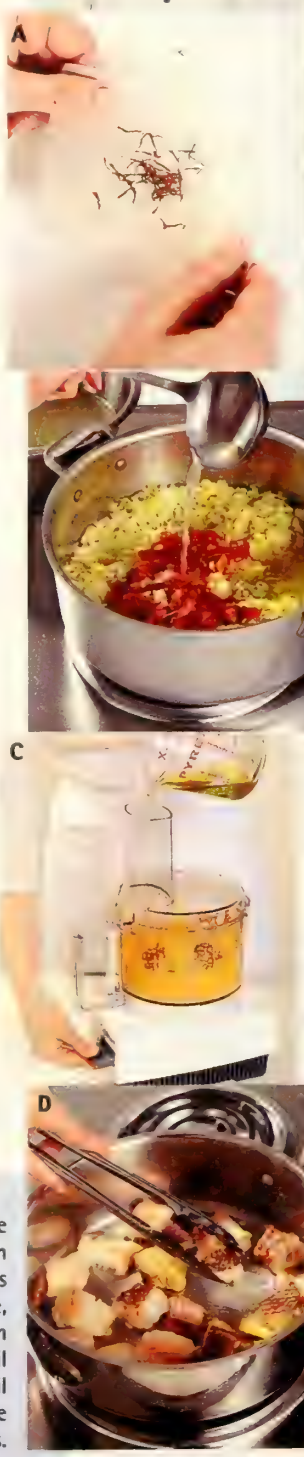
Bouillabaisse stock
- 3 tablespoons olive oil
- 2 medium onions, chopped
- 1 medium fennel bulb, chopped
- 3 leeks, white part only, split lengthwise, rinsed well and chopped
- 1 tablespoon chopped garlic
- 1 quart fish stock or clam juice
- 1 scant teaspoon saffron threads
- Grated peel and juice of 2 oranges
- 2 cups diced tomatoes
- 2 tablespoons chopped fresh thyme
- 2 tablespoons Pernod (anise-flavored liqueur) (optional)
- 1/2 teaspoon salt
- 1/4 teaspoon freshly ground pepper

Rouille
- 1 red bell pepper
- 1 tablespoon fresh lemon juice
- 2 teaspoons red-wine vinegar
- 1 teaspoon minced garlic
- 1/2 teaspoon Asian chile paste
- 1/2 teaspoon red pepper flakes
- 1/2 teaspoon salt
- 1/2 cup olive oil

Fish
- 1 tablespoon olive oil
- 1 pound fish fillets, such as snapper, red fish, drum, mahi mahi or grouper, cut into 1/2-inch dice
- 16 large shrimp, peeled and deveined
- 1 pound oysters or scallops
- 1 1/2 pounds mussels, rinsed and debearded*

Croutons

(continued)



A. Saffron threads add subtle flavor. B. Cook vegetables in Dutch oven, then add tomatoes and fish stock. C. For the rouille, puree roasted bell pepper in food processor, then add oil through feed tube. Puree until smooth. D. Cook fish in large skillet until browned on all sides.

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GUEST CHEF

Continued

1. *Make bouillabaisse stock:* Heat oil in large saucepot over medium heat. Add onions, fennel, leeks and garlic. Cover and cook 10 to 12 minutes, until softened. Add stock, saffron (photo A) and remaining ingredients (photo B); bring to a boil, then reduce heat and simmer 20 minutes. *(Can be made ahead. Transfer to a large bowl. Cover and refrigerate overnight.)*

2. *Make rouille:* Meanwhile, heat broiler. Line broiler pan with foil. Cut off ½ inch from top and bottom of bell pepper and cut lengthwise in half. Remove seeds and membrane. Broil bell pepper skin side up, 12 to 15 minutes, until skin is evenly charred. Cool 15 minutes; peel off skin and chop. Process bell pepper and remaining ingredients except oil in food processor until smooth. With machine running, add oil though feed tube in steady stream (photo C). Se *(Can be made ahead. Cover and overnight.)* Makes ¾ cup.

3. *Assemble bouillabaisse:* Heat deep 12-inch skillet or Dut over medium-high heat. Add lets; cook 2 to 3 minutes, unti lightly crisp (photo D). Add abaisse stock, shrimp, oysters a sels. Bring mixture to a boil. heat to medium; cover and co 5 minutes, until mussels open. bouillabaisse among 8 large bowls. Serve with croutor rouille. Makes 8 servings.

★TO DEBEARD: SCRUB THE SHELLS WIT BRUSH UNDER COLD RUNNING WATER; TH A SMALL, SHARP KNIFE, PULL OFF THE (SMALL BLACK TUFTS ATTACHED TO THE SH

Per serving: 400 calories, 23.5 g total fat, 3.5 g fat, 90 mg cholesterol, 810 mg sodium, 22 g drates, 25 g protein, 142 mg calcium, 2 g fiber

JOURNAL SHOPPING CENTER

From "New American Home," pages 176–181: Decorative accessories, Ballard Designs, 8 2775, *www.ballard-designs.com*; decorative accessories and candles, The Bombay Compar 829-7789, *www.bombayco.com*; decorative trims, Conso Products Company, 800-842 fresh flowers, 1-800-FLOWERS, *www.1800flowers.com*; interior and exterior paint, The Company, 800-GLIDDEN, *www.gliddenpaint.com*; wood blinds and soft shades, Hunter Window Fashions, 800-937-STYLE, *www.hunterdouglas.com*; candles and candle accessori minations, 800-CANDLES, *www.illuminations.com*; tabletop, dining accessories and kitcher sories, JCPenney, 6501 Legacy Drive, Dallas, TX 75301, *www.jcpenney.com*; drapery ha Kirsch, 800-328-7290, *www.kirsch.com*; upholstery and case goods, Lane's Home Furnishin lection, 800-750-LANE, *www.lanefurniture.com*; upholstery, Pearson Company, a division Lane Company, 336-882-8135, *www.pearsoncompany.com*; framed wall art, Michael A signs, 323-583-0353; rugs, Nourison, 800-233-1110, *www.nourison.com*; ceiling fans, re lights and hanging fixtures, Quorum International/Cristal, 800-443-4625, *www.lightin fans.com*; lamps, Robert Abbey, 828-322-3480, *www.robertabbey.com*; draperies, table line lows, table rounds, Singer Sewing Company, 800-877-7762, *www.singerco.com*; topiaries, and accessories, Smith & Hawkin, 800-776-3336, *www.smithandhawkin.com*; lightbulbs, nia, *www.sylvania.com*; all fabrics and carpet feature Scotchgard protection by 3M, 80 3296, *www.mmm.com/carpet*; fabrics for window treatments, table linens and decorative Covington Fabrics, 212-689-2200, Kravet, 888-4-KRAVET, *www.kravet.com*; Robert Aller 240-8189, Waverly, 800-423-5881, *www.decoratewaverly.com*; carpet, Shaw Industries, tiques, The Uncommon Market, 214-871-2775; cabinetry, Timberlake Cabinet Cor 800-388-2483; countertops, DuPont-Corian, 800-4-CORIAN; windows, Hurd, 715-748 doors, Peachtree, 800-PEACH99, *www.peach99.com*; interior/exterior stone, Stone Products 800-255-1727; hardwood floors, Bruce Hardwood Floors, 800-722-4647, *www.brucehard floors.com*; planters, American Designer Potter, 888-388-0319. Living room: tile floors, Cr Porcelain Stone/USA, 931-484-2110, *www.crossc@crossville.com*; paintings by Annette D courtesy of Gerber-Seid Fine Art, 212-988-2842, *GerberSeid@aol.com*; drapery fabric, W piano, Dallas Piano Warehouse, 214-231-4607; skylights, Velux, America, Inc., 864-941 outdoor furniture, Lloyd-Flanders Industries, Inc., 800-526-9894, *www.lloydflanders.com*. room: drapery fabric, Waverly. Home office: grass-cloth wallcovering, Imperial Home Décor 800-539-5399; drapery fabric, Covington Fabrics; computer, IBM, 800-411-1932, *www.ibm*. Kitchen: small appliances, Braun, 800-272-8611, *www.braun.com*; "iCEBOX" Internet- kitchen TV/video/CD player with cooking instructions, CMI Worldwide, 800-897- *www.cmiworldwide.com*; fabrics, Waverly; appliances, KitchenAid Applia *www.KitchenAid.com*; wine chiller, SubZero, 608-271-2233; plumbing fixtures, sink, Kohler 457-4441; disposal and hot water dispensers, In-Sink-Erator, 800-558-5712, 262-554- limestone backsplash, DalTile, 800-933-TILE, *www.daltile.com*. Media room: drapery fabric, K **From "Food Editors' Favorites," pages 190–214**: Sausages and polenta: glass and napkin, Cr Barrel, 212-308-0004. Pears: bowl, Simon Pearce; runner, ABC Carpet & Home, 212-473- Chicken tenders: white bottle, Hudson Drygoods, 212-579-7397; napkin, Simon Pe 212-421-8801. Curried Vegetables: plate and bowl, Hudson Drygoods. Chicken soup: pitcher and linen place mat, Simon Pearce. Striped bass: gray napkin, Simon Pearce; glass, & Barrel; bottle, Hudson Drygoods. Apple crisp: bowl, Simon Pearce. Phyllo Cups: glass pi Crate & Barrel; linen, Simon Pearce.

Indulge in the chocolate cookie that's more chocolate than cookie.



Prep: 15 minutes

Baker's® One Bowl Death By Chocolate Cookie

Bake: 12 minutes

2 pkg. (16 squares) BAKER'S Semi-Sweet Baking Chocolate, divided
¾ cup firmly packed brown sugar
¼ cup butter or margarine
2 eggs
1 tsp. vanilla
½ cup flour
¼ tsp. CALUMET® Baking Powder
2 cups chopped nuts (optional)

·**HEAT** oven to 350° F. Coarsely chop 8 squares (1 pkg.) of the chocolate; set aside. ·**MICROWAVE** remaining 8 squares chocolate in large microwavable bowl on HIGH 1–2 minutes. Stir until chocolate is melted and smooth. Stir in sugar, butter, eggs and vanilla. Stir in flour and baking powder. Stir in reserved chopped chocolate and nuts. Drop by ¼ cupfuls onto ungreased cookie sheet. ·**BAKE** 12 to 13 minutes or until cookies are puffed and feel set to the touch. Cool on cookie sheet 1 minute. Transfer to wire rack to cool completely. Makes about 1½ dozen cookies.



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Linguine with Artichokes is elegant and easy company fare

Artichokes

Not familiar with artichokes' charms? Spring is the best time to make their acquaintance

Artichokes are at their peak now through May. This subtly nutty-tasting flower-headed plant is delicious sliced and tossed in a pasta dish like this. Choose artichokes with compact leaves and that are firm and heavy for their size.

LINGUINE WITH ARTICHOKES

Prep time: 30 minutes
Cooking time: 18 to 20 minutes
EASY

- 2 lemons, halved
- 3 large artichokes
- 1 tablespoon olive oil
- 2 ounces pancetta or 2 slices cooked bacon, chopped
- 1 cup chopped onions
- 1 tablespoon chopped garlic
- 1/2 teaspoon salt
- 3 tablespoons chopped fresh flat-leaf parsley, divided
- 1 cup chicken broth
- 1/2 cup white wine
- 1 pound linguine, cooked according to package directions
- 1/2 cup (3 oz.) fresh Parmesan cheese
- 1/4 teaspoon pepper

1. Fill a bowl with cold water. Squeeze juice from 2 lemon halves into bowl. Trim stem to 1 inch and peel. Bend back tough outer petals until they snap off near base and a layer of tender yellow petals is exposed. Discard outer petals. Cut off top quarter of each artichoke. With a knife, peel outer dark-green layer from base and stem. Halve artichokes. Remove purple fuzzy centers. Rub all sides with remaining lemon halves; place in water. Thinly slice 1 artichoke half. Repeat. Squeeze juice from lemon halves over slices.
2. Heat oil in Dutch oven. Add pancetta; cook until pancetta begins to brown. Add onions, bacon (if using), garlic and salt; cook until onions soften. Stir in artichoke slices and 2 tablespoons parsley. Add broth and wine; bring to a boil. Place a sheet of waxed paper directly on top of artichokes, then cover pan with lid. Simmer artichokes until tender, 15 minutes.
3. Toss hot pasta with artichokes and remaining parsley. Top with Parmesan cheese and pepper. Makes 4 servings.

Per serving: 680 calories, 16 g total fat, 6 g saturated fat, 23 mg cholesterol, 1,143 mg sodium, 102 g carbohydrate, 24 g protein, [illegible] mg fat, 9 g fiber

HOW TO EAT A WHOLE COOKED ARTICHOKE

1. Starting from the base of the artichoke, pull off one leaf, holding it by the pointed end.
2. Pull base of leaf through teeth to remove the soft, pulpy portion at base of the petal. Discard the petal. Continue eating remaining leaves.
3. Spoon out the fuzzy center of artichoke; discard. The bottom, or heart, of the artichoke is completely edible; cut into small pieces and eat. ■

Recipe by Jane Yagoda Goodman

HOW TO PREP AN ARTICHOKE



1. Cut off artichoke stem. Discard small bottom leaves (photo A). 2. Cut off top quarter of artichoke (photo B). Trim tips of the leaves with scissors, if desired. Rub exposed cut leaves and stem with lemon. 3. To cook whole artichokes: Place artichoke(s) in a deep saucepan or pot with 3 inches boiling water. Cover and boil gently 25 to 40 minutes, depending on size, until a petal near center pulls out easily. Drain and let stand until cool enough to handle. With a spoon, carefully scrape out and discard fuzzy center (choke).



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You Asked For It



Dear LHJ,
Each time I visit The Corner Bakery, in Pawling, New York, I never leave without buying one of their wonderful Irish Soda Breads. Can you ask them to share the recipe?

—Sarah Seymour, Kent, Connecticut

MARY DOYLE'S IRISH SODA BREAD

Irish Soda Bread isn't just served on Saint Patrick's Day at The Corner Bakery—it's so popular, they bake it year-round. Buttermilk and baking soda give this classic quick bread its signature soft, light texture. Sweetened with raisins and deliciously scented with caraway seeds, it's no wonder this baked good is in such high demand! Tip: Leftover Irish Soda Bread makes delicious toast—especially with a spread of butter and your favorite jam. The bread can be stored at room temperature in a plastic resealable storage bag up to 2 days.

Prep time: 10 minutes
Baking time: 1 hour
EASY

- 2¾ cups plus ¼ cup all-purpose flour, divided
- ⅓ cup sugar
- 1 teaspoon baking powder
- ½ teaspoon baking soda
- ¾ teaspoon salt
- ⅔ cup raisins
- 1 tablespoon caraway seeds
- 2 large eggs
- 1 cup buttermilk
- Butter and jam (optional)

1. Arrange oven rack in center of oven. Heat oven to 325°F. Line a large cookie sheet with parchment paper.
2. With a whisk, combine 2¾ cups of the flour, granulated sugar, baking powder, baking soda and salt in a large bowl; stir in raisins and caraway seeds. Whisk together eggs and buttermilk in another bowl. Stir buttermilk-egg mixture into dry ingredients with a wooden spoon just until blended (dough will be very sticky, but that's okay).
3. Sprinkle the remaining ¼ cup flour onto a work surface. With lightly floured hands, turn and gently knead dough to incorporate most of the flour. Shape dough into a 6-inch round; transfer to center of prepared cookie sheet (dough will be soft and slightly sticky). With a sharp paring knife, make a ½-inch-deep X across the top of the loaf.
4. Bake loaf until a toothpick inserted in center comes out clean, about 1 hour. Transfer loaf with a large spatula to wire rack and cool completely. Slice with a serrated knife and serve with butter and jam, if desired. Makes twenty ½-inch slices.

Per slice: 105 calories, 1 g total fat, 0 g saturated fat, 22 mg cholesterol, 163 mg sodium, 22 g carbohydrates, 3 g protein, 38 mg calcium, 1 g fiber ■

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NUTRITION GUIDE Calorie and nutrient analysis appears at the end of each of our recipes to help you plan well-balanced meals.

DAILY GOAL

Calories	2,000 (F) 2,500 (M)	Cholesterol	300 mg or less
Total fat	60 g or less (F) 70 g or less (M)	Sodium	2,400 mg or less
Saturated fat	20 g or less (F) 23 g or less (M)	Carbohydrates	250 g or more
		Protein	55 g to 90 g
		Calcium	1,000 mg
		Fiber	20 g to 35 g



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See Page 95 for Official Rules

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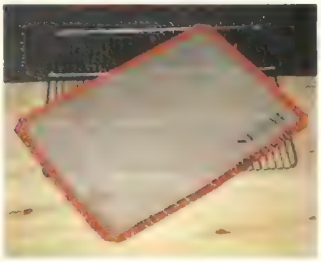
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CANDICE BERGEN

Continued from page 168

night Malle held her in his arı
all: "I felt like a small, frighte
mal who had spent its life curl
the back of a cave snarling at i
when suddenly, someone tu
the light and said, "It's okay, it
you can come out now."

After marrying Malle in 1
having their daughter at thir
Bergen was content not acti
portedly it was Bergen's moth
nudged her into auditioning
title role in *Mayflower Madam*,
made-for-TV movie. The t
forgettable, but it got her ou
house and back in front of a
When Diane English decided
against type for her creation
Brown (the network had
Heather Locklear), she
Bergen, who was by then in h
forties. "I got the role I lov
most at a point in my caree
most women are being phase
Bergen says.

The sitcom gig, which las
years, allowed Bergen to be
with her daughter—and, finally
close to her husband during
year. Bergen has not spoken
about Malle's death. Friends
was a brutal and incapacitatin
of lymphoma. "She was face
the fact that he did not have
chance of survival," says her
friend, photographer Mary
Mark. "I think you never get
tragedy like your husband's
But she's also a constructive, p
person who would not let his
distort her life."

Bergen's career decisions ha
volved around being available
child. "Most of the kids I gr
with, their parents were in
business—they were away a
Bergen explains. "Not that we
have close relationships with ou
ents—I'm very close to my m
but parents didn't think anythi
going off for a few weeks and le
their kids. I guess I was a mom s
in life, my daughter was the gr
thing since sliced bread. I reme
being in tears at the hospital,

ndice Style

OBSESSION: Her two dogs. She once used a black Sharpie to color in
og on a needlepoint pillow to make it look more like her black-and-
: spaniel mix, Larry.

BOD: Bergen hikes or takes to the treadmill three times a week. "My
bolism changed, but I'm not willing to stop eating," she says.

T SHE WON'T EAT: She shuns pork and red meat, not for caloric reasons
ecause "I don't think you should eat anything you don't feel
ortable preparing. And pigs, well, I always just loved pigs."

FAVORITE DESIGNERS: When she has to "clean up," as she puts it, she
to Michael Kors for daytime and Oscar de la Renta for evening dresses:
're strapless and very simple."

DAILY WEAR: Bergen lives in Gap pants, "lots of Banana Republic stuff"
moccasins, "because I love to walk. Heels are just too torturous," she
She likes her uniform. "My daughter notices that if I find one outfit
works, I'll wear it and wear it," she says. "I just beat it to death."

BEST PARTY SHE GAVE: One year, Bergen hosted a birthday party for
en-year-old dog, Lois. One dog came in a yarmulke, another dressed as
ep, and Lois donned wings.

e was born, at the thought that
eday she would have to leave
e." Bergen's face lights up at the
mention of her daughter. But as
s the first to admit, she's having a
problem adjusting to her child's
tive steps toward independence.
uple of years ago, Chloe went away to tennis camp. After a week she called and said, "Mom, I'm homesick, and I miss you so much." "I know all these parents who'd say, 'Why don't you stick it out?'" Bergen continues. "Not me! I was on that plane so fast; God, I couldn't get there fast enough!"

her own right, resembling her late father much more than her mother. So far, Bergen hasn't had to deal with her daughter falling for a particular boy ("She still sits on my lap.") But she is all too aware that her child is growing up in a society that's more looks-conscious than ever. For a woman whose appearance was very much a double-edged sword, this is a worry. "I've been vigilant about this issue," Bergen says quietly. "Chloe feels confident about her looks, but they're not important to her. Not at all. She's the kind of kid," adds Bergen proudly, "who looks out for the kid nobody's having lunch with."

They spend a great deal of time at Bergen's home in rural France, where Chloe is close to her half-brother and -sister, children Malle had with his mistresses before meeting Bergen. In fact, Alexandra Stewart, the mother of Malle's other daughter, is one of Bergen's close friends, though they're not as close as a recent *60 Minutes* profile of Bergen suggested: *(continued)*



Viewers might have been left with the idea that Bergen lived with Stewart, and that Stewart was Malle's mistress during his marriage to Bergen. "Ah, I certainly would *not* have been okay with that!" Bergen says with a laugh. "I believe a lot in monogamy, let me tell you."

If it is a time of great transition for her daughter, it is no less so for Bergen herself. Not only is she taking on a talk show for the first time, she is also in another serious relationship. For the past year she has been quietly seeing New York real estate magnate and philanthropist Marshall Rose, sixty-three.

"I'm seeing someone. I'm very lucky—I have a wonderful time with him. It's altogether a good thing," she says. Rose and Bergen were introduced by their mutual friend, *60 Minutes* producer Don Hewitt. While their backgrounds could not be more different (Rose was the son of a Brooklyn furrier), they share tastes, interests (both are passionate about architecture), and a life of great fortune marred by tragedy. Like Bergen, Rose lost a spouse to cancer a few years ago. Friends say he was devastated; Bergen is helping him heal the wound.

There are other similarities, too. "Marshall is very special in that he's truly a wise man, with a great sense of humor," says architect and town planner Jacquelin Robertson, a longtime friend of Rose who built Rose's house in East Hampton, New York. "And in a business filled with a lot of super-egos, and people who are not enormously sensitive to others, he is thoughtful and kind. It's the same with Candy. She's desperately real, she's quiet, she's shy, she's refined—and she's deeply nice."

Not that dating after a certain age has come easily to Bergen. "On my show I want to talk about aging. Nobody's really dealt with it," Bergen e- "You hit fifty and everythi apart. You can't see, you have cle tone, you can't get out of And as a woman you disappe just become invisible on a certai Oh, please. One of the most beauties in the world, comp about be visible? " solutely she insist like so turns off a And I wa someone reveled 'magnetisn when I peared, it pissed me guys get to being sexu they're sev eighty, a disappear a five or fifty

At the time, Ber adamant many about g older are fectly to h ing. "It's a but it's true are much comfortab your skin appreciate much mo enjoy eati perfect peac just have a fect mo with that p You're gro ed; you h better focus.

Staying grounded has been Be secret to living a life that's real— where you know who your fr are. "When I think of Candice, I of tenderness," says Diane Sa "She's the call you get when you consoling, and nobody in the g noticed but her." ■



DICAL RIGHTS

inued from page 114

ough this happens in only about ercent of cases).

our consent is not required for ment of your child in an emergen- ituation if there isn't time to reach . Also, "mature" or "emancipated" ors are sometimes allowed to make r own medical decisions.

inally, certain immunizations are datory in every state, though all al- exceptions for medical reasons, le forty-eight states allow excep- s for religious reasons.

YOU HAVE THE RIGHT REFUSE AN HIV TEST THOUT CONSEQUENCE

SE) Insurance companies can refuse over you if you don't consent to HIV test or if you test positive (but he most part they can't drop you if already have coverage when diag- d). Testing is mandatory for join- the military or Peace Corps. erwise, potential employers can require an HIV test if they have offered you a job and if they require testing of all employees.

Much more controversial is routine testing of newborns for research purposes: If the baby tests positive, the mother's HIV status is indirectly revealed. In many cases, her consent isn't required, and testing is anonymous. In fact, the new mom might not be told the results, even if she's HIV-positive.

health-care rights is built on constantly changing ground. As our health-care system evolves and medical technologies like genetic testing become widely available, the intersection of law and medicine is likely to become increasingly complex. In the meantime, says McFillen-Hall, "there's no substitute for an informed patient." ■

A LEGISLATIVE CHECKUP

The House of Representatives passed a patients' rights bill last October that would allow patients to sue their managed-care companies, as well as ensure greater access to health insurance. Earlier, in July, the Senate passed its own bill with narrower provisions; for instance, the bill does not include the right to sue managed-care companies.

For the bills to become a law, members of the House and Senate must meet in a special conference committee to synthesize the content of the two bills, which can then be passed on to the President for approval into law. The nineteen representatives and twelve senators appointed to the committee could not begin meeting until after Congress reconvened in late January this year. Conferences can take from one week to several months. An immediate agreement was not expected to be reached.

—Sarah Smith



WHEN DOCTORS MAKE MISTAKES

Continued from page 105

what's wrong with it, by getting doctors to report errors. "The current institutional response to mistakes is sometimes one of self-protection, not trying to learn from them," says Stephen McPhee.

He is doing what he can to change the culture. In the medical school courses he teaches, McPhee openly talks about his own mistakes.

"One of the benefits of making mistakes is that you get smarter if you pay attention," McPhee says. By admitting his own errors, he hopes to help his profession move toward a climate in which patients trust doctors without expecting infallibility, doctors trust patients, and, most important, medical mistakes occur less frequently because of scrutiny of the procedures.

To reach that goal, says Martin Hatlie, an attorney and the former executive director of the NPSF, the medical profession needs to create a new culture—one in which everyone feels a responsibility to discuss problems. In fact, Hatlie would like to see the medical culture function like an aircraft carrier.

Like hospitals, aircraft carriers are run by rigid hierarchies, Hatlie explains. People with vastly different levels of education and skill work together. There are new people coming in all the time, and there's an unpredictable, risky work environment.

But the remarkably low error rate on aircraft carriers might be attributed to one key difference: "They have defined a culture where everybody feels safe saying 'I just blew it' or 'I'm going to stop this because I just don't feel right,'" Hatlie says. They aren't going to get sued. And when nobody sees himself as a possible scapegoat, everybody feels free to report even the smallest concerns.

NPSF board member Nancy Dickey, M.D., favors legislation to protect physicians, nurses and institutions that confess errors. A start, says Dickey, would be laws restricting malpractice cases to civil court, thus eliminating criminal charges against doctors and hospitals. She also suggests a policy of legal immunity for health-care workers who come forward to report mi... Currently, whistle-blowers te... suffer sudden career malaise.

Another idea that's gaining su... would establish a patient-comp... tion fund so victims of malpra... would be reimbursed directly ac... ing to a preset fee schedule. Ke... doctors out of court as defen... might make them more willing t... mit their errors. (Part of this is al... in place, since doctors are often ... tected financially by their malpra... insurance and some states do have ... its on lawsuit awards.) But if mal... tice did occur, a doctor could st... disciplined and face professional l... such as a revoked license.

In the end, the medical culture ... change only as individual doctors ... it upon themselves to do the ... thing, even when it isn't the safest ... tion for them.

"When a physician commits a ... take, he needs to disclose the erro... establish some restitution for the ... tient and family, and to learn from ... mistake," says McPhee. "Other... there's no real progress." ■



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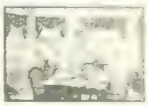
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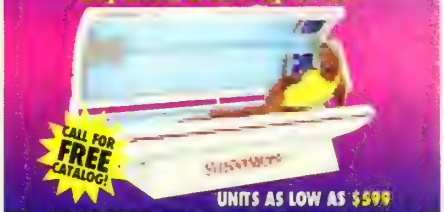
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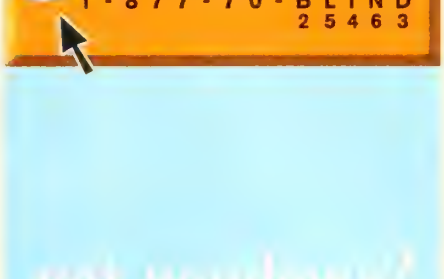
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How to Get Him to **LISTEN**

There's something you want to tell him. It's important. This time, he really needs to listen. But how best to transmit a message to the male ear and have it be heard? **By Pamela Redmond Satran**

START HERE

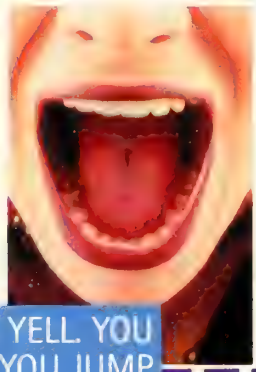
YOU SAY, "HONEY, WE'VE GOT TO TALK."

"Sure," he says. "What's up?"

You tell him what's on your mind.

His eyes glaze over and he switches on the game.





He says, "I don't know what you mean. I didn't do anything wrong. Can't we talk about this later?"



YOU YELL. YOU SCREAM. YOU JUMP UP AND DOWN.

TAKING OUT YOUR NOTE CARDS, YOU REVIEW YOUR MAIN POINTS.

HE TURNS UP THE VOLUME.

HE STARTS TO WALK AWAY.

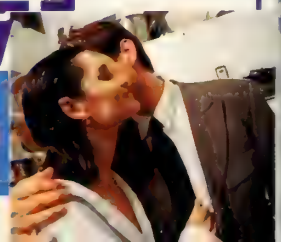


Threaten to ask his mother to talk to him.

Threaten to take him to marriage counseling.

Threaten to take the remote.

Close your mouth. Unbutton your shirt.



Finally, you've got his attention. Say it all; hold nothing back. He really listens! He even agrees with you! Just make sure you get it all in writing before you let him go back to watching the game.

Home Journal

Spring

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JOURNAL

APRIL 2000

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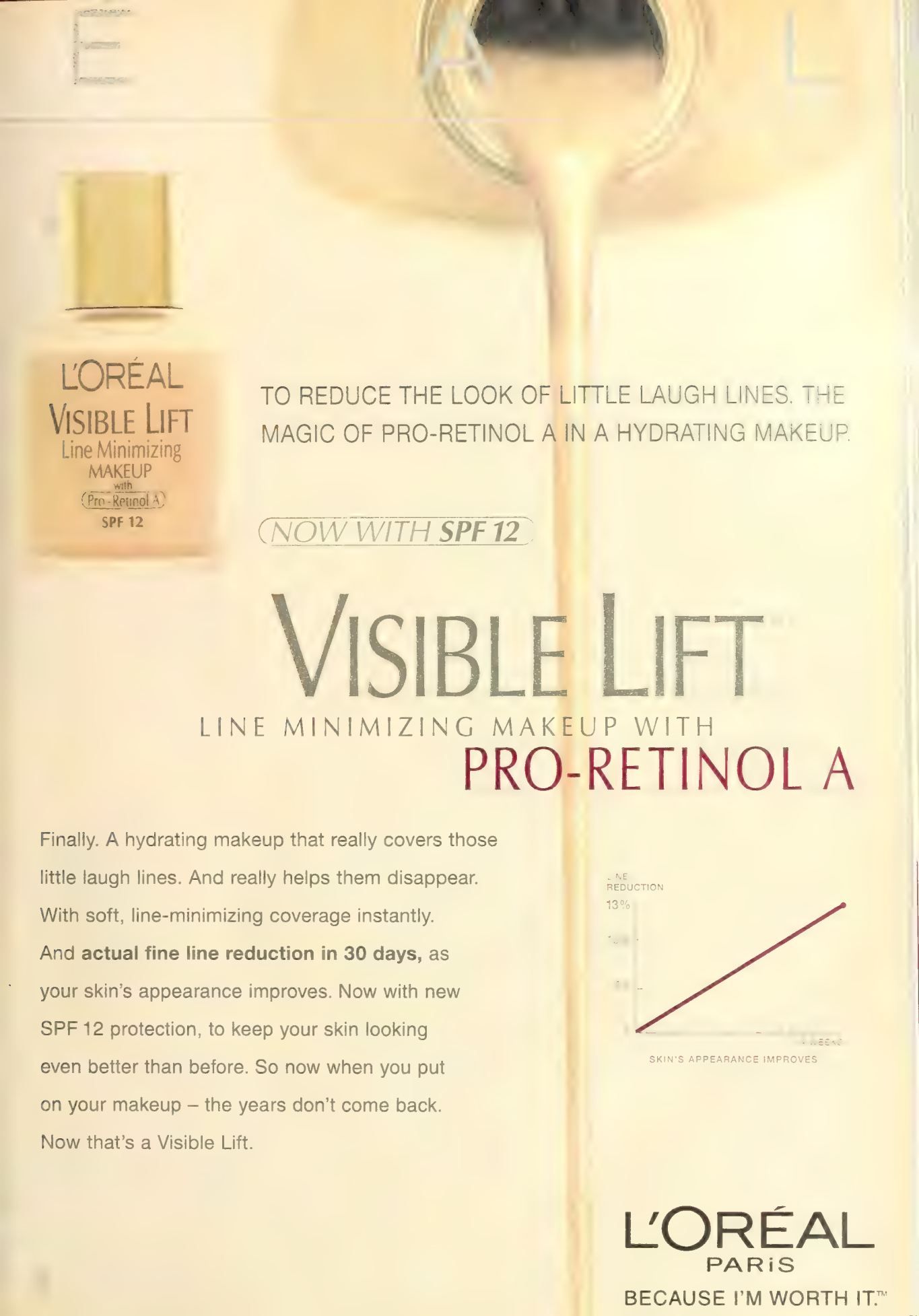
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LADIES' HOME
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April 2000

On the Cover

70 WHAT THIN WOMEN REALLY EAT Why can some women seemingly devour whatever they want without penalty, while the rest of us get fatter with every bite? Find out their slimming secrets. By Michele Morris

80 OW! A PAIN IN THE SIDE Just indigestion? Maybe not. A simple ache or pain could be signaling a health emergency. By Amy Zintl

98 THE GOOD DADDY All working parents face a tough juggling act, but men today are dealing with a particularly tricky double standard. By Suzanne Braun Levine

110 THE LOVE CLUB Listen in on this intimate gabfest: Six married women talk about love, sex and marriage and come up with more than a few good ideas about how to keep passion alive. By Melinda Marshall

144 KATHIE LEE SPEAKS OUT She reveals why she forgave Frank, and the pain that devastated her more than her husband's adultery. By Meredith Berkman

154 WALK IT OFF Research shows that walking is one of the best workouts around to help you lose weight, feel great and reduce your health risks. By Margit Feury

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172 SPRING CHICKEN You'll love these new tastes for an old favorite—cook one up to rave reviews tonight.

News

118 HOW CLEAN IS IT? When it comes to eating out, you're not necessarily safer eating at an upscale restaurant than at the local diner. Find out how to protect yourself and your family. By Anna Roufos

132 A STUDENT, A TEACHER, A CRIME It's the shocking scandal in our schools: Here's what parents need to know to keep their children safe. By Michael J. Weiss

Well-Being

42 REAL SOLUTIONS: "YOU LOOK GREAT!" Feeling good about our looks is key to self-esteem. When these women altered their appearances, they found that their lives changed as well.











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54 CAN YOU THINK YOUR WAY OUT OF TROUBLE? Take our quiz to see how you'd fare in a crisis. By Sharon Epid

60 THE BUDDY SYSTEM The way men bond may seem strange to us at times, but women might just learn a thing or two about friendship. By Nicholas Weinstock

90 CROSSING A BRIDGE At forty-three, Paula Hennessey lost not only the man she loved, but her financial security, too. Now she is slowly building a new life for herself and her sons. By Cynthia Hanson

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34 FIRST PERSON What should have been an unforgettable mother-daughter vacation became this family's worst nightmare. By Cindy Lipscomb

88 Q&A: STAR POWER True to form, Star Jones, co-host of *The View*, speaks her mind about everyone from President Clinton to Oprah. By Jim Jerome

124 DISHING WITH PAVAROTTI The famous tenor talks about watching his weight, falling in love and singing a duet with Ricky Martin. By Judith Newman

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28 BEAUTY & FASHION NEWS The perfect top for your figure; rainy-day hair and makeup tips; and more.

148 FEELING GROOVY Fashion has gone back to the future—check out the hip and happening elements of Spring 2000 style. By Lois Joy Johnson

Home

106 ARE YOU NORMAL AT HOME? From cleaning to color schemes, toilet paper to TVs, we all have our little quirks. See how your habits stack up against the American norm. By Bernice Kanner

162 THE NEW AMERICAN HOME 2000 When it comes to creature comforts, our new millennium house goes all the way. This month, tour the beautiful bedrooms. Produced by Kimberlie A. Waugh

Food

169 FOOD JOURNAL Egg dishes that cook up quick for breakfast, lunch or dinner.

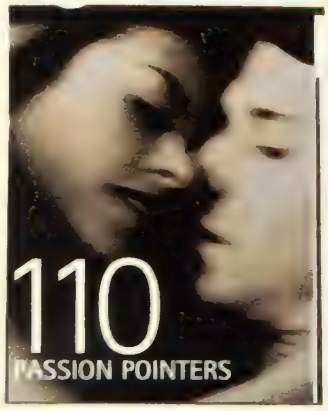
182 THE PERFECT: BUTTERMILK PANCAKES Light and fluffy is the goal—here's the no-fail secret.

187 JUST DESSERTS: BOSTON CREAM PIE A classic dessert puts a sweet finish on any meal.

188 GUEST CHEF: EASTER FEAST Award-winning chef Todd English offers a succulent dinner.

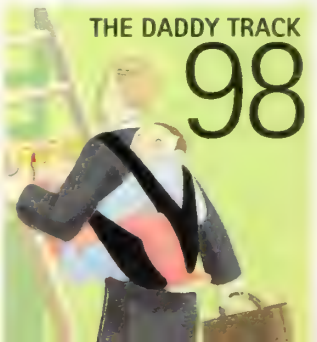
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LADIES' HOME JOURNAL online

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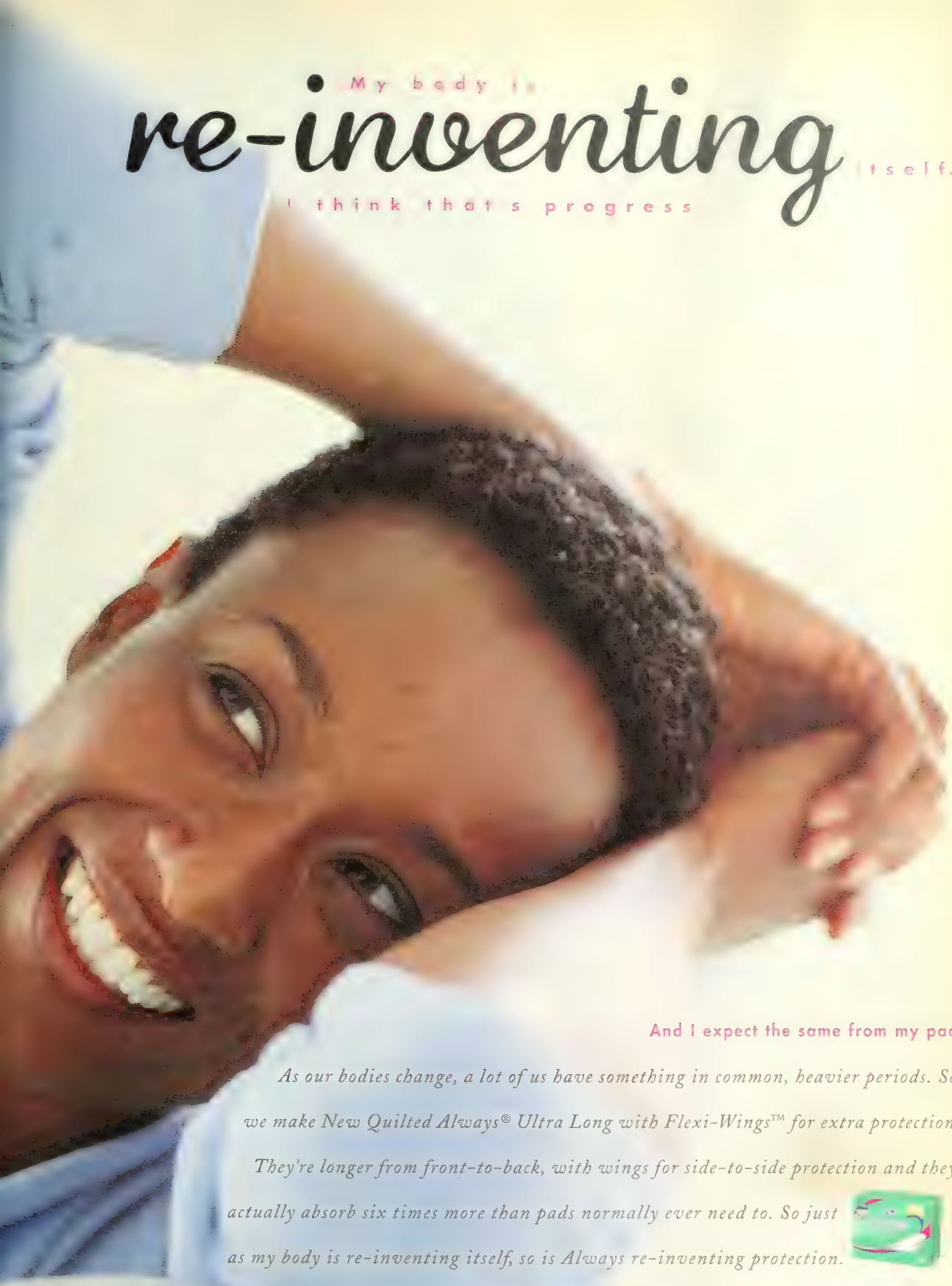
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LADIES' HOME
JOURNAL

DATE: 4/2000
FROM: Myrna Blyth
RE: A Thank-You Note to You

It was my version of the Oscars; and so much fun getting a really glamorous publishing award



At the end of January I received a terrific publishing tribute: I was given the Henry Johnson Fisher Award at a big, black-tie dinner in the Grand Ballroom of the Waldorf-Astoria. Some superstars who have preceded me in winning this award include my pal Dick Stolley, who was the founding editor of *People*, and Helen Gurley Brown, the rule-breaking creator of *Cosmopolitan*. I was thrilled to be this year's recipient.

Still, I can tell you, even getting a prestigious award can fill you with tension: What would I wear? Would my whole family be able to be there? Who would introduce me? And, as the midwinter date got closer and closer, my biggest concern became what if it snows?

Well, it did snow. But everyone who was supposed to show up ignored the ice and slush, and came. I found the right outfit, the right shoes. Despite the seventeen inches of snow that fell in Washington the day before, stopping all traffic, Elizabeth Dole arrived on time to present me with the award, and charmed the whole audience. My sons, Jonathan and Graham, were there, and my husband, Jeffrey, of course. And it ended up a great evening we'll always remember.

I got the award for my years as editor of *Ladies' Home Journal*, a magazine now in its third century and flourishing. In my speech that night, I thanked a lot of people—including the many editors and designers who work so hard producing this magazine each month. Now I want to thank the *Journal*'s readers, too. Without your enthusiasm and loyalty, I wouldn't have received that wonderful award. Thank you all so much.



Elizabeth Dole gives Myrna Blyth the Henry Johnson Fisher Award

SOUND BITES

"Nothing in life prepares you for having to face [adultery]. Especially when you have what you think is a great marriage."
—Kathie Lee Gifford, "Kathie Lee Speaks Out," page 144

"Teachers are rarely suspected of improper behavior. And they're often well liked, which is why they can get away with the abuse."
—"A Student, a Teacher, a Crime," page 132

"The average person can lose 18 pounds in a year—without changing her diet—if she walks about four times a week for 45 minutes."
—"Walk It Off," page 154


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SUZANNE BRAUN LEVINE

LATEST ACCOMPLISHMENT: Her book *Father Courage*, about men struggling to spend more time with their families, excerpted on page 98.
PERSONAL TAKE: "I'm impressed by the efforts the men I interviewed are making. There's a need for men to talk about this openly with each other."

"We had a great time at the shoot. The models were even more fun than the clothes"
—Shannon Greer, who photographed the fashion story "Feeling Groovy" (page 148)





MARGIT FEURY

"As a runner, I used to be one of those people who didn't consider walking to be real exercise," says Feury, who wrote the article, "Walk It Off" (page 154). "Now I walk as often as I can. I've found that it really is an excellent way to improve your health and your body shape."

MICHAEL J. WEISS

OCCUPATION: Writer
ASSIGNMENT: To report on sexual abuse in schools for "A Student, a Teacher, a Crime" (page 132).
REACTION: "You want to believe your child is always safe at school. But too many youngsters are being sexually abused by teachers."





"I admire Kathie Lee—she's an involved mom and an active philanthropist"
—Meredith Berkman, who interviewed Kathie Lee Gifford for "Kathie Lee Speaks Out" (page 144)

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"He's a **LOUSY** Lover"

THIS MONTH'S CASE

DANNY thought something was wrong with him; **MARA** believed she wasn't sexy enough. Then they learned that the real problem stemmed from a dark childhood secret **By Margery D. Rosen**

MARA'S TURN

"We both hoped Danny's problem would get better after we were married," explained twenty-eight-year-old Mara, an office manager at a university. "But we've been married a year, and it hasn't.

"You see, we have no sex life—or, at least, not a very satisfying one. We'll kiss, things will start to heat up, and then all of a sudden, Danny climaxes, and it's over. Afterward, he turns away and goes to sleep while I lie there, crying and wondering what's wrong with me. Why can't I keep him excited? I've tried everything I can think of—wearing sexy teddies, *not* wearing sexy teddies, highlighting my hair, sticking to my diet. I've bought satin sheets and pink lightbulbs to make our bedroom more romantic. Nothing works.

"We've had this problem since we were dating. Most of the time, he finishes before he even has a chance to enter me. At first, I figured he was just nervous, but when it kept happening, I started to get upset. I can tell Danny's embarrassed, so it's not easy to talk to him about it. I'm embarrassed, too, and I have no idea what's wrong. If I bring up the subject, Danny usually becomes angry and defensive, which leads to silence or nasty arguments.

"I grow more frustrated every day. Don't I deserve some pleasure in bed, too? Danny has tried to satisfy me in other ways, but I'm not comfortable doing all that stuff. I just want to make love naturally, like a normal couple. And I worry whether I'll be able to get pregnant when the time comes to start a family.

"Lately, we've been fighting so much that I dread coming home. Not that we see each other very often. Danny's a high-school coach and physical-education teacher, so he often works late hours and weekend mornings. I recently began taking two night courses toward my bachelor's degree, and that fills up the evenings, too. When we're together, stupid little things set us off, like the time I forgot to fuel the car the day before Danny had to drive to an out-of-town football game.

"Danny used to be very affectionate. Now he's more attentive to our two dogs. The sad part is that we don't talk about any of this. My friends and co-workers complain or joke about their sex lives, but for me, it hits too close to home.

"I grew up outside Boston. My parents divorced when I was a year old, *(continued)*

The MOST POPULAR, MOST ENDURING women's magazine feature in the world. This month's case is based on interviews and information from the files of Andréa Mattisen, L.I.C.S.W., B.C.D., a couples and sex therapist on staff at the Human Sexuality Clinic and Couples Institute at McLean Hospital, in Belmont, Massachusetts. The story told here is true, although names and other identifying details have been changed to conceal identities.

"CAN THIS MARRIAGE BE SAVED?" IS A REGISTERED TRADEMARK OF MEREDITH CORPORATION.


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"If you're not pleasing your wife," said Danny, "you're only half a man. There's something wrong with me"

(continued) and my mother and I moved in with my grandmother. Nana really raised me; when Mom wasn't at her job in a department store, she was entertaining one of her many boyfriends.

"There was no money for college, but that was okay; I was only an average student, and besides, I couldn't wait to live on my own.

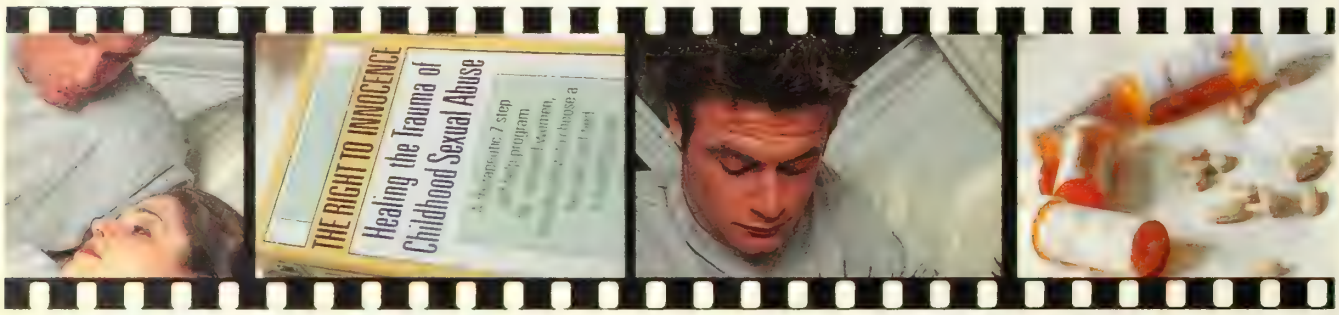
"Before I met Danny, I'd had two serious relationships, both of which ended badly. I was giving much more than I got back. Certainly, no man ever treated me with as much respect and kindness as Danny. He can be so sweet.

"Danny and I met six years ago through mutual friends. After we'd been dating for about eight months, he broke up with me because he 'needed his space.' Two years later, we ran into each other at a convenience store and started chatting. Danny invited me out for coffee, and this time we really clicked.

"I assumed that sex would be better once we were married, but it's not. Danny insists that it's not my fault and that I'm the only woman for him, but how long can I keep believing that it's true?

"As if I didn't have enough tension in my life, Danny and I live on the first floor of his parents' two-family house, and his mother comes to visit whenever she pleases. In her eyes, I can't do anything right. She says things like, 'Don't you think your husband deserves a home-cooked dinner every night?' His parents don't charge us rent, so I agreed to this living arrangement only until we'd saved enough for a down payment on a house.

"But at this point, I don't think this marriage will last long enough for us to go house-hunting. As I told Danny the other day, I don't want to spend the next fifty years with a man who doesn't find me sexy."



DANNY'S TURN

"Do you think Viagra would help me?" asked Danny, thirty-one, a shy man with tawny brown hair and intense blue eyes. "I'm willing to try anything.

"Obviously, there's something wrong with me. I've had this problem with every woman I've ever dated, but I never cared enough to do something about it until now. I don't want Mara to leave me. I've never met anyone as special as she is. During the time we were apart, I kept thinking about her. When we got back together, I felt so lucky that I'd been given a second chance.

"Until recently, the two of us never fought. Now everything's a big deal, and sex is the biggest of them all. For a long time, I told myself that being able to have intercourse was not that important, even though deep down I knew it was. If you're not pleasing your wife, you're only half a man.

"I'm just one big disappointment to Mara. Many nights, I hear her in bed crying, but I pretend to be asleep because I don't know how to reassure her anymore. It's not that we don't make love; I can do all the other stuff just fine. But she wants only one thing now—the one thing I can't seem to do. The more I try to hold back my orgasm, the more anxious I become.

"It's strange, because I was always a fairly confident guy. My three sisters were much older, and my father was busy with the two dry-cleaning shops he owned, so I spent a lot of time at home. Every summer my folks would visit family in New York or fly to Europe for a week or two. While they were away, I'd stay at my Aunt Theresa's house and hang out with her son, Matthew. He was eight years older than me, and as a kid, I really looked up to him. But after a while . . . well, let's just say we didn't get along. *(continued)*

Watch "Can This Marriage Be Saved?" on TV
Maury Povich will be discussing this month's case on the March 23 edition of his show, *Maury*. Check your local listings for airtime. Plus, a new video version of "Can This Marriage Be Saved?" is now available to readers who want to make their marriages more satisfying. The cost is $29.95, plus $6.95 shipping and handling. To order, call toll-free 877-371-4545.

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FROM FRANCE

WE KEEP OUR PROMISES.

(continued) "I think I get my temperament from my father, who never talked much. He's also a traditionalist who expects to come home to a neat house and supper on the table. I always liked our family meals; it was the only time we did anything together. Even now, I'll go upstairs to eat with my folks if Mara's not around. I don't expect her to fix a gourmet dinner every night, but I do get tired of having to scrounge for leftovers.

"It's true that I'm my mother's favorite child, and yes, she's outspoken and can be overbearing. But that's just her personality. She never liked any of the girls I dated. So what? It didn't keep me from marrying the woman I love. Mara needs to mellow out more. And it doesn't bother me that Mom visits every day. It's her house, after all.

"I've been into sports as long as I can remember, and I knew I wanted to teach—I have a great rapport with kids. So I studied physical education in college. I love my work, and I feel really devoted to these kids and their parents.

"When I proposed to Mara, I was looking forward to a happy marriage, and I hoped that my problem in bed would go away on its own. I was fooling myself. Unless I get help soon, it will be too late for us. I want Mara to know how much I love her—and I want to feel good about sex for once in my life."

"At last, Mara understood the cause of Danny's problem," said the counselor. "It had nothing to do with her"

THE COUNSELOR'S TURN

"When they first came in, Mara and Danny were both shy, embarrassed, nervous—and surprisingly uninformed about sex," said the counselor. "But they were also desperate.



"One recent study reports that thirty-one percent of all men experience some kind of sexual dysfunction at some point in their lives. The most common of these in younger men is premature ejaculation—the very problem Danny suffered from. This condition is usually caused by a man's lack of knowledge about his sexuality and his body's signals. Premature ejaculation can cause both partners' self-esteem to plummet. They feel confused, disappointed and sexually inadequate.

"However, Danny's case had deeper roots, which became clear after I asked a routine question: 'Has anyone ever made you feel uncomfortable about your sexuality?' Danny snapped, 'No!' but Mara turned to him and said, 'Well, what about your cousin Matthew?'

"Haltingly, Danny revealed that as a child, whenever he stayed at his aunt's house, Matthew had molested him. Sworn to secrecy and too ashamed to tell his parents, Danny endured his cousin's horrible abuse for six years.

"After marrying Mara, Danny confessed his secret to her, but surprisingly, they were both so naive about sex that neither one made the connection with his sexual dysfunction. Danny's mind and body were reacting to sexual excitement the same way he had taught himself to respond as a child—get it over with as soon as possible.

"This revelation was a turning point in treatment, since it freed both of them from blame and inadequacy. At last, Mara understood the cause of her husband's problem—and that it had nothing to do with her.

"Although most men can be quickly cured of premature ejaculation, it can take a number of months for someone like Danny, whose condition is linked to feelings of shame and powerlessness. Antidepressants can be helpful in treating these cases, so I referred Danny to a psychiatrist. (Viagra is used to treat impotence, which is an entirely different condition.) The medication not only helped to delay his orgasm so he could prolong lovemaking, but it also made him less argumentative.

"I told Mara and Danny that even though they would soon be able to have intercourse regularly, it was equally important for them to learn to enjoy the many other aspects of lovemaking. 'Being a good lover depends upon your desire to please each other, good communication, practice, patience and imagination,' I said.

"We discussed the importance of being sensitive to each other's needs. Emotionally abandoned by both parents, Mara shielded herself from intimacy. Danny, raised by a silent father and a smothering mother, had never learned how to express his feelings.

"As a result, Mara and Danny talked only about mundane things, never about their deeper concerns. Though it was extremely difficult at first, they eventually became more comfortable discussing important topics.

"For Mara, one of those issues was privacy. I encouraged them to come up with ways they could keep his mother from intruding too much. Danny has told her not to visit unless she calls first, and he has stopped eating dinner with his parents.

"This couple is still in counseling, but their relationship has dramatically improved. Now that they know how to please themselves and each other in a variety of ways, their love life is more enjoyable than ever." ■



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Solving the energy crisis for hormonally CHANGING SKIN



As you experience life's changes, so does your skin. Now groundbreaking research from Elizabeth Arden is giving skin over 40 a vital new way to face the future.

What is changing skin?

A woman's skin is constantly changing through the decades, affected by adolescence, stress, pregnancy, and environmental factors. As women enter their 40s and 50s, the most crucial influence is hormonal shifts surrounding menopause. Suddenly your skin feels drier and more sensitive, dull, tired, lacking in overall energy. And your usual skincare just doesn't work anymore.

Signs of Change

Appearance of age spots

Lackluster complexion

Increased dryness, sometimes dry, rough patch

Loss of firmness

Increased sensitivity

The hormone gap

According to John McCook, Senior Vice President Research and Development Elizabeth Arden, "In spite of burgeoning science around the systemic treatment of physical conditions related to natural hormonal change, skin has been left out. Exciting new treatments are not adequately addressing the specific needs of skin, which is facing its own energy crisis."

Get energized

Now, Elizabeth Arden, backed by Unilever Rese has taken the lead in research on women's chan skincare needs. The result is a revolutionary ne product, Millenium Energist Revitalizing Emulsi Elizabeth Arden's first topical skincare product use purified soy complex, a blend of natural soy vitamin A and enriched botanicals to give skin renewed energy and vitality.

CALENDAR

APRIL 15

T.S. Eliot was right—April *is* the cruelest month, at least when it comes to filing **taxes**. Luckily, this year we get a two-day reprieve. Since the 15th falls on a Saturday, the deadline for filing returns is Monday, April 17. Now, if only this were a three-day weekend. . . .

APRIL 22

Happy Birthday, **Earth Day**! Today marks the 30th anniversary of the international environmental event, which is expected to be celebrated by half a billion people. Get in the spirit by making your lifestyle more eco-friendly. Check out *www.earthday.net* for energy-efficient tips and to learn about Earth Day events near you.

APRIL 24–30

The TV is on for over seven hours a day in the typical American household, but this week, organizers of **National TV-Turnoff Week** are hoping families nationwide will be inspired to find something better to do. For ideas, order an organizer's kit from TV-Free America, which also includes posters, pledge cards and stickers. Call 202-887-0436, or go to *www.tvfa.org*.

—Alison Calabia

FOLLOW-UP: THE GIFT OF LIFE



Kathleen Treanor will never forget the moment that changed her world. At 9:02 A.M. on April 19, 1995, the Federal Building in Oklahoma City exploded, killing 169 people—including Kathleen's daughter, Ashley, 4, and her in-laws, LaRue and Luther Treanor.



Ashley (above), Kassidy (top)

One year later, in an interview with *Ladies' Home Journal*, Kathleen spoke of her desire to have another child. Unfortunately, she'd had a tubal ligation after Ashley was born, and the surgery to reverse it cost $8,000—much more than the Treanors could afford.

After the *Journal*'s story ran, Kathleen's husband's employer and several charitable organizations donated money to help pay for the operation. For the next two years, Kathleen tried to become pregnant. On February 17, 1999, her prayers were answered when seven-pound, seven-ounce Kassidy Caitlin was born. She is, says Kathleen, "a gift. When Ashley died, I felt I'd been robbed of the things we would have done together—the proms, the slumber parties. With Kassidy, I can look forward to those things again." —Carin Gorrell

AMERICAN SNAPSHOT: THE CHORES KIDS DO



MAYBE WE SHOULD PROCLAIM APRIL TO BE "GIVE YOUR BOY A BROOM MONTH." ACCORDING TO A RECENT STUDY, NINTH-GRADERS REMAIN QUITE UNENLIGHTENED, WITH GIRLS SPENDING CONSIDERABLY MORE TIME PER WEEK THAN BOYS DOING CHORES AROUND THE HOUSE.

SOURCE: *JOURNAL OF MARRIAGE AND FAMILY*, NOVEMBER 1999



Women helping women: Nell Merlino (left) and Iris Burnett are founders of a new program to help put women in business

NEVER UNDERESTIMATE THE POWER OF A WOMAN

If you think $5 doesn't go very far, you haven't talked to Nell Merlino or Iris Burnett. They're asking women to contribute at least that much to Count Me In, a nonprofit organization designed to strengthen women's position in the economy. The money will be redistributed to women in the form of small business loans—$500 to $10,000—or scholarship grants of $1,000.

Merlino, 46, who created Take Our Daughters to Work Day, and Burnett, 53, a former chief of staff at the United States Information Agency, came up with the idea after attending a White House women's economic summit in 1997. "Everybody talks about women's power as consumers, but there are more than nine million women-owned businesses employing twenty-seven million people [in the U.S.]," says Merlino."There's no sense of the magnitude of that. We wanted to show the impact women could have."

The pair hope to raise as much as $25 million.The loans will be available later this year; women who want to start or expand their own businesses can apply. Scholarship grants will be open to those who want to improve their business skills.

Burnett believes Count Me In will show financial institutions that women are smart investments. "If they see women as a good risk, it will change the way people look at women," she says. "And it will change the way women look at themselves." —Christine Many

To make a donation, send a check to Count Me In, 22 West 26th Street, Suite 9H, New York, NY 10010, or visit *www.count-me-in.org* to charge it to your credit card.

10 THINGS TO KNOW ABOUT NAPPING

Losing an hour of sleep due to Daylight Savings Time this April 2? Consider catching some zzzs:

1. Studies show that even a brief nap can improve mood, alertness and judgment, as well as boost creativity.
2. A study from Greece linked nap-taking to a 30 percent drop in coronary heart disease.
3. The urge to nap tends to occur between one P.M. and four P.M., when body temperature drops.
4. More than one third of adults take a nap at least once during the workweek.
5. "Nap lounges"—designated rooms where employees can nod off—are popping up at companies like Ben & Jerry's and Nike.
6. Men nap an hour longer than women during the week—and 45 minutes longer on weekends.
7. Women ages 25 to 34 feel guiltiest about napping.
8. Famous nappers: Leonardo da Vinci, Napoleon Bonaparte, Winston Churchill (who'd get into his pajamas to nap), and Ronald Reagan.
9. In Spain, a chain of spas offers ergonomically correct napping chairs for mid-day siestas.
10. The Company Store sells an "executive nap kit"—a briefcase with a pillow and a copy of *The Art of Napping at Work*, by William Anthony.

—Alison Calabia and Sarah Smith

PULSE POLL

WHICH WOULD YOU RATHER HAVE MORE OF, SEX OR SLEEP?

BASED ON RESPONSES TO A POLL ON *LADIES' HOME JOURNAL*'S WEB SITE, *WWW.LHJ.COM*

55% WOULD RATHER SLEEP (see "napping," above)



45% WOULD RATHER HAVE SEX


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beauty & fashion news



ON TREND

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Natural python is a blend of muted gray tones, but bold color tips the fashion scale in fake snakeskin's favor

BARGAIN BEAUTY WHETHER YOU'RE A MULTI-PRODUCT SERIAL STYLER OR A NOTHING-BUT-A-BLOW-DRYER GIRL, YOUR HAIR DESERVES SOME TLC. REPAIR OVERWORKED STRANDS WITH A WEEKLY DEEP CONDITIONER, SUCH AS ALBERTO VO5 TOTAL HAIR RECOVERY ($5.99), WHICH COMES WITH A PLASTIC CAP TO HELP HEALING INGREDIENTS PENETRATE.



NO PROBLEM

Nothing against the traditional rubs and ointments Mom used to soothe a stuffy nose, but for this spring's colds and allergies, we love the new feel-good, smell-great offerings. Check out Coty's Healing Garden Cold Comfortherapy Candle (shown), which infuses the air with eucalyptus to help clear breathing passages, and Origins Off Your Chest Vaporizing Balm, which contains essential oil of menthol to soothe an irritated nose and throat.

MORE BEAUTY, LESS EFFORT

SEXY SKIN

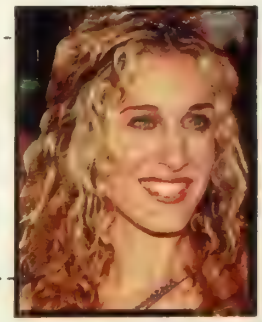
The skin that's in this spring is decidedly dewy, but how do you keep it from turning greasy-slick? Expert makeup artist Lydia Snyder shares pro tips for a sensual, moist makeup look that lasts.

→ Apply moisturizer to your face with a cosmetic wedge.

→ Use the same wedge to apply a hydrating foundation (don't choose oil-free), patting it on to blend with the moisturizer.

→ Dip the opposite end of the wedge into loose powder; press powder into your skin to set.

CELEB PICK As Carrie Bradshaw on *Sex and the City*, Sarah Jessica Parker has spent a lot of time perfecting a sexy pout. She reportedly gets a little help from BeneFit's Lip Plump—a temporary lip enhancer that smooths and fills in lines while adding bulk to your kisser.




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Revitalique with Daily Color Protectant Spray revitalizes and strengthens between colorings.
LOOK FOR REVITALIQUE AT
RITE AID

RAIN, RAIN, GO AWAY



Take cover in a light-as-air translucent PVC rain jacket in a sheer wash of color. By Tommy Hilfiger, $49

GLORIOUS SUNNY DAYS ARE JUST AHEAD. IN THE MEANTIME, HERE ARE A FEW WAYS TO WEATHER APRIL'S SHOWERS IN STYLE

PERFECT PONYTAIL



FOR THE ULTIMATE POLISHED WET-WEATHER HAIRSTYLE, YOU NEED ONLY TWO THINGS: A MOLDABLE POMADE, SUCH AS REDKEN WATER WAX, AND A CHEERY, SPARKLY BAND, LIKE THESE SEQUINED ONES BY GERARD YOSCA. APPLY POMADE TO LOOSE HAIR IN TINY AMOUNTS UNTIL SURFACE FRIZZ IS ELIMINATED; FINGER-COMB HAIR INTO A CHIC LOW PONYTAIL. SECURE WITH BAND, GRAB AN UMBRELLA AND YOU'RE GOOD TO GO.

lash lock

You may have shied away from waterproof mascara in the past because of the tug-of-war you had to have with it at removal time. But take another look: On a rainy day waterproof is the way to go to prevent raccoon eyes, and the newest waterproof formulas are gel based, so they're kinder and gentler to lashes and remove super-easily. Try Max Factor 2000 Calorie Aqua Lash.



PRO TIP:

If your hair isn't long enough to pull back, there are still ways you can win the bad-weather, bad-hair battle. We asked Roger Azadganian, of the Gary Bocz Salon in Seattle (a city notorious for rain- and fog-filled skies), and hairstylist for Fox Q13 News Anchor Leslie Miller, to share his rainy-day hair rules:

- *Coat wet hair with an anti-humectant pomade (for coarser locks) or gel (for fine, thin strands), such as Aveda Brilliance products.*
- *Work with hair's natural texture—if it's curly, don't fight it.*
- *After heat styling, finish with a blast of cool air until surface hair is cool to the touch, to seal and smooth the cuticle.*

smart mouth



Lipstick is a surefire mood enhancer. Perk up a gray day with a brilliantly bright lip shade. Try Cover Girl Continuous Color Lipcolor in Orange Glow or Maybelline Moisture Whip Lipstick in Far East Fuchsia.

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BUST MINIMIZERS A keyhole neckline refocuses the eye higher, Bulldog, $22. V-necks draw attention up, up and away, Jones NY, $49. A fitted shirt adds structure, Esprit, $39. A trendy twinset provides a sleek, monochromatic line while hiding a big bust, Icon, $100.



HIP EQUALIZERS A geometric square neck creates the look of broader shoulders, Bulldog, $34. Neckline detail optically dwarfs a wide bottom, Bisou Bisou, $56. A boatneck balances the hips, Guess, $29. An extra-wide scoopneck and cap sleeves strengthen the upper body, Susana Monaco, $75.



BUST BOOSTERS A wrap shirt creates the illusion of a bigger bust, NY&Co., $22.50. Textured knits like pointelle and skinny straps enhance the chest, Bisou Bisou, $56. A gathered neckline gives a fuller dimension, A.B.S by Allen Schwartz, $90. Pockets add an extra layer to the chest, A.B.S by Allen Schwartz, $120.



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FREEPORT MAINE



It was supposed to be my daughters' most unforgettable vacation. Instead, it became my family's worst nightmare

By Cindy Lipscomb, as told to Lee Billings

My American Girls





Top, right: Jesse Anne, my six-year-old daughter, keeps me and my husband, Mat, going. Above, Lacey, and right, Rainey, with their favorite dolls just two days before they died

LAST YEAR, when I asked my three daughters—Rainey, ten, Lacey, eight, and Jesse Anne, five—where they wanted to go for spring break, they didn't hesitate: American Girl Place, the doll store in Chicago. My husband had to work, so I invited my mother and a close friend, June Bonnin, forty-six, and her daughter, Ashley, eight, and granddaughter, Jessica, eleven, both playmates of my daughters. The girls insisted on taking the train from our home near Memphis to Chicago, because it would be more fun than flying.

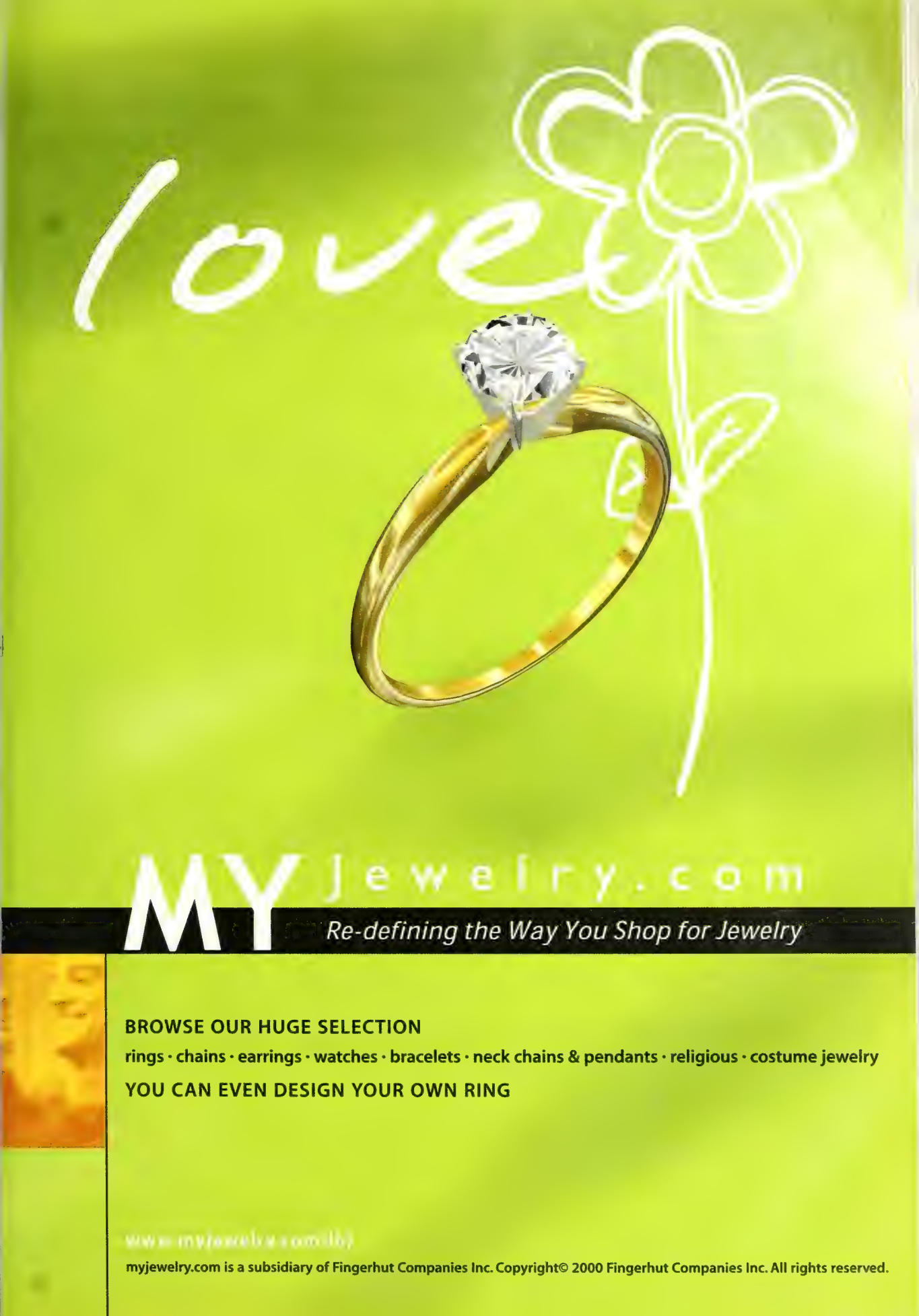
We had a wonderful long weekend visiting the Children's Museum and the aquarium, but the highlight was American Girl Place, where Rainey and Lacey were thrilled to dress up as their favorite dolls and have their pictures taken.

As we boarded the Amtrak train to return home on Monday, March 15, at about eight-thirty P.M., Rainey and Lacey asked to spend the night with Ashley, Jessica and June in their sleeper car. Although I preferred having the girls with me, I agreed because I knew it would be fun for them. They squealed with delight as they boarded the car near the head of the train with June. Jesse Anne, my mother and I walked back to our car at the rear.

I had almost drifted off to sleep when I heard a faint voice. "Mama?" I opened the door to find four giggling girls who had come to say good night. Lacey held on to me longer than usual, then said, "Good night, Mommy. I love you." I gave Rainey a kiss and apologized for not having taken her to the top of the Sears Tower, as she had wanted, and promised we'd do it next trip.

"That's okay, Mommy," Rainey reassured me. "We did a lot of fun things. I love you."

Thirty minutes later, at about nine-fifty P.M., our car started to shake, then the train bumped and rolled to a stop. The lights went out, and I became disoriented. I worried that the girls, on their way back to their sleeper, might be *(continued)*



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The March 15, 1999, train wreck, which killed eleven and injured more than one hundred, was Amtrak's worst since 1993



Clockwise from left: Lacey, me, Rainey and Jesse Anne at American Girl Place, in Chicago

continued stuck between cars. I got off the train, which had derailed; the cars had scattered across the tracks, and flames were coming from the front. I felt sick to my stomach, and my mouth went so dry I couldn't speak. The train had hit the side of a truck loaded with steel bars at a crossing fifty miles south of Chicago, in Bourbonnais, Illinois. The collision had caused one of the train's engines to crash into the sleeper car where my daughters and our friends slept, crushing it. The engine had caught on fire, and the car was engulfed in flames. Helpless, I sat down on the gravel and prayed for a miracle.

I was numb as I went to get my mother and Jesse Anne. I pictured the victims you see on TV, who always hysterically scream, "My babies!" and wondered why I hadn't broken down. I thought, This is God's peace, or I'm in shock.

I saw Ashley in an ambulance. She was covered in soot, but she was alive. I sent Jesse Anne and my mother to the hospital with her. I stayed at the crash site for several hours, hoping the firefighters would rescue my girls. "They're in the sleeper car!" I kept yelling. As time wore on, though, I lost hope. I borrowed a police officer's cell phone and called my husband, Mat, who had heard about the accident from Max Bonnin, June's husband and Ashley's dad. The two men were driving to Bourbonnais. "I'm at the crash site, and you need to prepare yourself for the worst," I told Mat. Then I went to the hospital.

Early the next morning, Mat walked into the hospital room where we were waiting with Ashley, who needed surgery because her foot had been cut off by a falling piece of metal. I fell into Mat's arms and, for the first time since the accident, burst into tears. He said, "We're going to be okay. We're in Jesus's hands, and so are our little girls."

By evening, Rainey and Lacey were still missing and presumed dead (they were identified three days later through dental records). So Mat and I explained to Jesse Anne, as gently as we could, that they had died and gone to heaven. Jesse Anne was very quiet. I felt sick. We had lost not only Rainey and Lacey, but June and Jessica, too. Seven other passengers also perished, and more than one hundred were injured.

Until then, Mat and I had a wonderful life. He's a co-owner of the largest independent insurance agency in Tennessee, and before I had the girls, I was a vice president at a major department store. Our three daughters were healthy and beautiful. In September 1998, we moved into the dream home we had been planning for ten years in northern Mississippi.

I devoted all my energy to the girls. At night the four of us would sit together in bed and read Bible stories. They'd often say, "You're the best mommy in the whole world!" Mat was also close to the girls. Every year, he'd take each of them on a birthday trip—usually fishing or boating.

The girls were thriving at their new school, and they took tennis, cheerleading and gymnastics lessons together. I couldn't imagine what Jesse Anne's life would be like without Rainey and Lacey.

Two days after the accident, we flew home. Our house seemed enormous and empty. The girls' rooms were so full of their belongings that I could almost feel their presence. As I stood there, my grief became so intense that I could barely breathe.

On Friday, March 19, Mat, Jesse Anne and I walked into the same church sanctuary where Mat had proposed to me, where we had been married and where we had baptized our three daughters. The congregation of three thousand, which had assembled for Rainey and Lacey's memorial service, was singing a favorite hymn, "On Holy Ground." How could we sing? The only way we could get through this was by relying on our Christian faith.

Mat was stronger than I was; he went back to work a week after the accident. I cried frequently when I was alone. And at night the accident kept replaying in my mind. My recurring nightmare was that Rainey and Lacey had suffered. When the autopsies showed that they had died instantly, the nightmares stopped.

Amazingly, Mat and I have no anger over the tragedy. Amtrak's representatives have been compassionate, and we know the truck driver didn't intend to cause the accident. Still, our *(continued)*



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NOVOGEN

marriage has been affected by the stress. It's difficult to be affectionate when you're feeling emotionally drained. But we're making progress. Mat sent me flowers on Rainey's birthday, and recently I agreed to go along on his annual business trip to The Greenbrier, a beautiful resort in West Virginia.

What keeps us going is Jesse Anne. She's a joy, and we try to stay "up" for her sake. Last summer she became anxious, crying and clinging to me every time I left her at Sunday School. I've told her it's okay to cry and miss her sisters but that it's also okay to have fun. She's doing much better now. Last fall she played the youngest orphan in a production of *Annie, Jr.* And she talks happily about her sisters; she recently asked me to fix her hair like Rainey's, and she says that when she turns eight, she wants to sleep in Lacey's room, and when she turns ten, she wants to sleep in Rainey's room.

Mat and I try to spend more time with Jesse Anne. He takes her to the movies and for walks in the woods; I play games with her, like her sisters used to. I also talk to her more. She has never known what it means to be an only child, and she's lonely.

While I'm not opposed to professional counseling, we haven't sought help, except from our pastors. We've received so much support from our church and friends that it hasn't seemed necessary. Mat's colleagues at work have become his support group. I participate in a prayer group for women. Still, I may take Jesse Anne to a psychologist for an evaluation.

When I see Rainey's and Lacey's friends, I'm comforted. Ashley is like a daughter to me now: I threw a birthday party for her last year, and I take her shopping. She has a prosthesis, and is able to play tennis and ride her pony. Although Ashley doesn't talk much about June, she still cries out for her at night when she's scared.

Also comforting are the many gifts and memorials we've received. American Girl Place sent a representative to the girls' memorial service, as well as to June and Jessica's. The store's parent company, Pleasant Company, gave Jesse Anne and Ashley $10,000 college trust funds and new dolls.

Still, the tears come—on the girls' birthdays and the day we took our Christmas card photo with only one child. One of the hardest things Mat and I have had to do is to go through Rainey's room. We both cried as we made piles of things to save and give away. Because cleaning Rainey's room was so wrenching, I haven't been able to do Lacey's room. I try to stay busy. If I were younger (I'm forty-five and Mat is forty-four), I'd consider having more children, but right now I'm happy to devote my attention to Jesse Anne. I have a calendar that says, "Faith makes things possible, not easy." That's how I feel about carrying on without my girls.

The girls' rooms were so full of their belongings that I could almost feel their presence. As I stood there, my grief became so intense that I could barely breathe

On March 25, shortly after the one-year anniversary of the accident, we'll return to Bourbonnais, where a statue will be dedicated to the Amtrak victims. Around the same time, we'll create a plaque for the rose garden we've planted in memory of the girls. But what helps us cope most is viewing the girls' deaths as a temporary separation. One night shortly after the accident, I went to Jesse Anne's room to say her prayers. We were both struck by how small our circle had become. Jesse Anne must have seen the tears I was trying to hide, because she hopped out of bed to get me a tissue. Then she prayed, "Dear God, please tell Rainey and Lacey that I love them and that we can't wait to see them when we get to heaven." ■

ANIPRYL®

(selegiline hydrochloride, L-deprenyl hydrochloride)

Tablets

For use in dogs only

CAUTION Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION Anipryl, selegiline hydrochloride, tablets are white, scored tablets containing 2, 5, 10, 15 and 30 mg selegiline HCl.

INDICATIONS Anipryl tablets are indicated for the management of clinical signs associated with canine cognitive dysfunction syndrome (CDS).

CONTRAINDICATIONS Anipryl is contraindicated in patients with hypersensitivity to selegiline.

In humans selegiline is contraindicated for use with meperidine, certain opioid analgesics, dextromethorphan, and other drugs.

WARNINGS Keep out of reach of children. Not for human use.

Anipryl should not be administered at doses exceeding 0.5–2.0 mg/kg once daily.

In humans concurrent use of MAO inhibitors with alpha 2 agonists, such as clonidine, has resulted in extreme fluctuations of blood pressure. Therefore, it is recommended that a period of two weeks be allowed between discontinuation of Anipryl and the initiation of treatment with an alpha 2 agonist. In humans, severe CNS toxicity including death has been reported in patients receiving the combination of selegiline and tricyclic antidepressants, and selegiline and fluoxetine, a selective serotonin reuptake inhibitors. Although no such adverse drug interactions were reported in clinical trials in dogs, it seems prudent to avoid the combination of Anipryl and selective serotonin reuptake inhibitors (e.g., fluoxetine) as well as Anipryl and tricyclic (e.g., clomipramine, amitriptyline, imipramine) or other antidepressants.

At least 14 days should elapse between discontinuation of Anipryl and initiation of treatment with a tricyclic antidepressant or selective serotonin reuptake inhibitor. Because of the long half-life of fluoxetine and its active metabolites, at least 5 weeks should elapse between discontinuation of fluoxetine and initiation of treatment with Anipryl.

Concurrent use of Anipryl with ephedrine or potential MAO inhibitors such as amitraz, is not recommended.

PRECAUTIONS **General:** Anipryl is not recommended for other behavioral problems such as aggression. In the clinical trials, 3 dogs showed an increase in aggression while on this drug. The safety and efficacy of Anipryl have not been evaluated in dogs with debilitating systemic diseases other than CDS.

The decision to prescribe Anipryl should take into consideration the fact that the MAO system of enzymes is complex and incompletely understood and that there is only a limited amount of carefully documented clinical experience with selegiline. Consequently, the full spectrum of possible responses to this drug line may not have been observed in pre-marketing evaluation of the drug. It is advisable, therefore, to observe patients carefully for atypical responses.

Laboratory Tests: No specific laboratory tests are deemed essential for management of patients on Anipryl, as response to therapy should be based on the history and physical examinations for CDS.

In the 12 week clinical trial for CDS, a small number of dogs had a decrease in hematocrit, some dropping within the normal range and some dropping below 37%. The clinical significance of this is unknown at this time. It is advisable to conduct a thorough physical examination and to consider appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to administration of Anipryl.

Reproductive Safety: The safety of Anipryl in breeding, pregnant and nursing bitches, and breeding dogs has not been determined.

ADVERSE REACTIONS In clinical trials, 404 dogs treated with Anipryl for as long as 18 months were monitored for the occurrence of adverse reactions. Many of the observations listed in the following table may be associated with the underlying disease (DPDH or CDS), the advanced age of the patients, the development of unrelated concurrent disease. One index of relative importance, however, is whether or not a reaction caused treatment discontinuation. Eighteen dogs (4%) experienced one or more of the following adverse events that led either to discontinuation of therapy with Anipryl, dismissal from the study, or a reduction in dose: restlessness/agitation, vomiting, disorientation, diarrhea, diminished hearing, possible drug interaction, weakness, confusion, incoordination and "seizure-like" activity while being treated concurrently with metronidazole, prednisone, and trimethoprim-sulfa), increase in destructive behavior in a dog with separation anxiety, anorexia, anemia, stiffness and polydipsia.

Percentage of Dogs with Adverse Events Reported in Clinical Field Trials

Adverse Event	Anipryl (n=404)	Placebo (n=67)
vomiting	26%	21%
diarrhea	18%	10%
hyperactive/restless*	12%	6%
anorexia	8%	1%
neurologic**	6%	1%
lethargy	6%	1%
salivation	5%	4%
urinary tract infection	4%	1%
pruritis/dermatologic	4%	0%
weakness	4%	0%
pale gums	3%	1%
polyuria/polydipsia	3%	1%
weight loss	3%	0%
diminished hearing	2%	0%
panting	2%	1%
cardiovascular respiratory***	2%	0%
itching	2%	1%

*Hyperactivity, restlessness, abnormal repetitive movements, anxiety, pacing, aggression, inappropriate vocalization, inappropriate elimination, destructive behavior, circling, pacing, hyperactivity, whining, barking, howling, crying, attention seeking.

DOSAGE AND ADMINISTRATION

CDS: The recommended dosage for oral administration for the control of clinical signs associated with CDS is 0.5–1.0 mg/kg once daily, preferably administered in the morning. Initially, dogs should be dosed to the nearest whole tablet. Adjustments should then be made based on response and tolerance to the drug.

Dogs should be monitored closely for possible adverse events associated with any increase in dose.

Clinical Use of Anipryl in CDS: CDS is an age-related deterioration of cognitive abilities characterized by behavioral changes not wholly attributable to a general medical condition such as neoplasia, infection, or organ failure. CDS is typified by multiple cognitive impairments which affect the dog's function. In clinical trials, the observed behavioral changes associated with CDS in older dogs included disorientation, decreased activity level, abnormal sleep/wake cycles, loss of housetraining, decreased or altered responsiveness to family members, and decreased or altered greeting behavior. In clinical trials, Anipryl was shown to be effective in controlling clinical signs associated with CDS. After 4 weeks of treatment, dogs treated with Anipryl showed significant improvement when compared to placebo-treated dogs in controls in sleeping patterns, housetraining, and activity level. Some dogs showed increased improvement up to 3 months, however, onset, duration and magnitude of response varied with individual dogs.

The diagnosis of CDS in dogs is a diagnosis of exclusion, based on thorough behavioral and medical histories, in conjunction with appropriate diagnostic work-up and testing. Periodic patient monitoring to evaluate the response and tolerance to the drug and for the presence of concurrent or new disease is recommended.

REFERENCE: 1. Ruehl WW, Hart BL. Canine cognitive dysfunction. In: Dodman N, Shuster L (eds) *Psychopharmacology of Animal Behavior Disorders* Cambridge, MA, Blackwell Science, Inc 1998

HOW SUPPLIED: Five tablet strengths are available in blister-packs of 30 tablets each: 2 mg, 5 mg, 10 mg, 15 mg, and 30 mg. Each box contains 1 blister pack (30 tablets).

STORAGE: Store at controlled room temperature 20°–25°C (68°–77°F).

For a copy of the Material Safety Data Sheet (MSDS) or to report adverse reactions call Pfizer Animal Health at 1-800-366-5288.

Pfizer Animal Health

75-8191-1

November 19

Printed in US

It's hard to say "welcome home" when I can't remember your face.



It's difficult to watch your dog age, especially if your old friend becomes forgetful and loses interest in your family. Frequently mistaken as signs of old age, these changes may be due to a common medical condition known as canine Cognitive Dysfunction Syndrome. Fortunately, Anipryl® (selegiline hydrochloride) offers

Some Common Signs Of Canine Cognitive Dysfunction Syndrome

- Doesn't recognize you
- Sleeps less at night
- Forgets housetraining
- Loses interest in family

new hope for millions of older dogs and their families. In studies, the most common side effects were vomiting, diarrhea or changes in behavior. Consult your veterinarian before using Anipryl with other medications or with tick collars. And if you ever miss having your old dog greet you, see your veterinarian or call 1-888-ANIPRYL.

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See brief summary on adjacent page for important information.

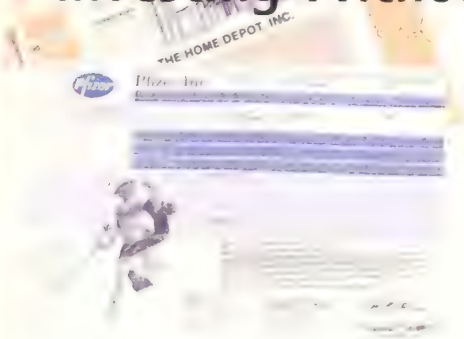
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Animal Health

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BY BLOOMBERG L.P., A LEADING PROVIDER OF FINANCIAL INFORMATION, WHICH PUBLISHES *BLOOMBERG PERSONAL FINANCE* MAGAZINE AND BLOOMBERG PRESS BOOKS

Investing Without the Middleman



Investors have always been able to buy certain stocks directly from the issuing company—without a broker and for little or no fee. Now it's possible to do so online. Many of the companies that offer direct-purchase stock programs, including Lucent Technologies and Pfizer, sell stock through Web sites such as *Netstock.com*; others, like Home Depot, sell stock through their own site.

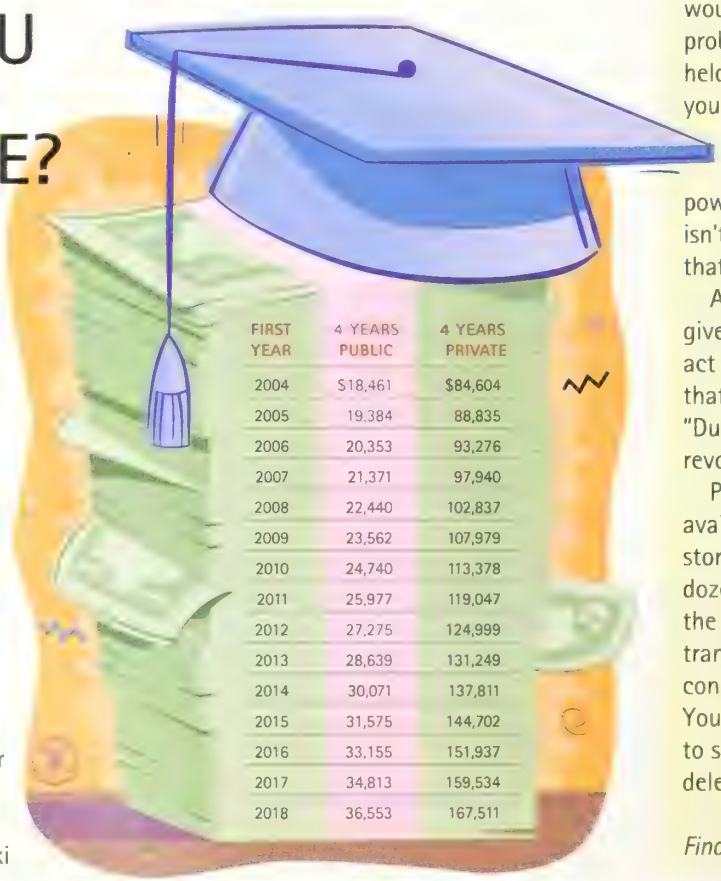
Direct-purchase stock programs' minimum initial investments are often just $50 to $250. Many online programs charge a small fee to invest (Home Depot's initial fee is $5). In contrast, online traders like E*TRADE often require $1,000 to $15,000 to open an account, and charge a fee per trade. A downside: Online direct-buy plans don't match online brokers' transaction speed, so there's less control over purchase price. But if you plan to buy and then hold stocks, direct purchases online may be the way to go.

—Chuck Carlson, CFA, editor of *DRIP Investor* and author of *The Individual Investor Revolution*

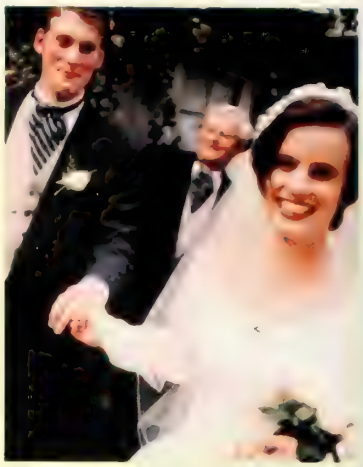
CAN YOU COVER COLLEGE?

The cost of higher education keeps getting, well, higher. The annual rise in tuition, now about 5 percent, even outpaces inflation. This chart gives the estimated price of four years of college (not including room and board), based on average charges for 1999–2000 ($3,356 for one year for in-state at a public university, and $15,380 for one year at a private college). Start saving now!

—Allison Kopicki



FIRST YEAR	4 YEARS PUBLIC	4 YEARS PRIVATE
2004	$18,461	$84,604
2005	19,384	88,835
2006	20,353	93,276
2007	21,371	97,940
2008	22,440	102,837
2009	23,562	107,979
2010	24,740	113,378
2011	25,977	119,047
2012	27,275	124,999
2013	28,639	131,249
2014	30,071	137,811
2015	31,575	144,702
2016	33,155	151,937
2017	34,813	159,534
2018	36,553	167,511



POWER OF TWO

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A. Yes, many married couples do. Suppose you're in a car accident and hospitalized for weeks. Who would pay the bills? This isn't a problem if most of your assets are held in joint names or if either of you could easily pay the family's bills out of your own resources. But without your power of attorney, your spouse isn't able to draw on any accounts that are in your sole name.

A durable power of attorney gives another person the right to act on your behalf in the event that you are incapacitated. "Durable" means that unless revoked, it's valid until you die.

Power of attorney forms are available at any legal-stationery store. The form lists more than a dozen different powers, including the right to conduct banking transactions and the right to conduct real estate transactions. You or your lawyer can amend it to suit your needs by adding and deleting powers.

—*Smart Questions to Ask Your Financial Advisers*, by Lynn Brenner

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He huffed
and he puffed and
he strengthened
his teeth.
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BEFORE

"You Look GREAT!"

Yes, beauty is only skin deep. But feeling good about our looks is key to self-esteem. When these women altered their appearances, they found that their lives changed as well

By Cynthia Hanson

"I LOST 100 POUNDS"

Anne Peterson had been overweight almost all her life. Raised on a steady diet of meat and potatoes, she was used to cleaning her plate and going back for seconds. At 140 pounds, she was the heaviest girl in the fifth grade.

"I felt horrible," recalls Anne, thirty-one, a hospital pharmacy technician from Simi Valley, California.

When Anne was fifteen, her mother took her to Weight Watchers, where she lost ten pounds—temporarily. "I wasn't mentally ready to change my eating habits," Anne says. Nor was she interested in exercising.

In 1992, Anne married Todd Peterson, a computer technician. Between the engagement and the wedding, she gained another fifteen pounds. The day before she was to walk down the aisle, Anne was mortified when she couldn't squeeze into her gown. "The seamstress had to let it out," she says.

Over the next five years, Anne's weight continued to ratchet up—including fifteen pounds she gained while carrying her son, Nathan—and eventually peaked at 250. One humiliating day, Anne sobbed in the dressing room of a plus-size store when she couldn't zip up a pair of size twenty-four jeans.

Anne, who calls herself an "emotional eater," would typically snack on fries, tacos, doughnuts and soda throughout the day. Dinner was steak, a salad and a baked potato slathered with sour cream and butter.

Then one day in May 1998, while dropping Nathan off at preschool, Anne heard him tell a classmate, "My mommy can't play *(continued on page 46)*

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(continued from page 42) with me because she's too fat." Anne's face turned scarlet. "I cried all the way home, walked in the door, pulled myself together and went to Weight Watchers," she recalls.

Though she hadn't been successful the first time, Anne went back to Weight Watchers because the program had helped her mother lose forty pounds. On the "1-2-3 Success" plan, every food is given a point value based on its calorie, fat and fiber content. Members are each assigned a daily point range and encouraged to eat balanced meals within that range.

Determined to succeed, Anne stuck to her allotted points and swore off fast food and sugary soda. In the first week, she dropped ten pounds.

"I considered it a lifestyle change, not a diet," says Anne. "It's about making better food choices—and not reaching for a bag of potato chips if I'm upset." Having a supportive family helped, too. Todd repeatedly praised her (he even tried the 1-2-3 plan himself and lost forty-five pounds), and Nathan said, "Now you're a pretty mommy."

Anne's father bought her a health-club membership, where Anne began to work out two hours a day. "I get a physical rush and stress relief from exercise," she says.

Today, Anne weighs 145 and wears a size eight. "I'm thinner than I was in high school," she says. "I feel terrific—and I like how I look."

Most important, Anne likes herself. She wears jeans and fitted tops instead of baggy pants and blouses.

"My attitude toward life has totally changed," Anne says. "Everyday problems don't seem as bad, and I don't let things get me down. I'm a happy person."

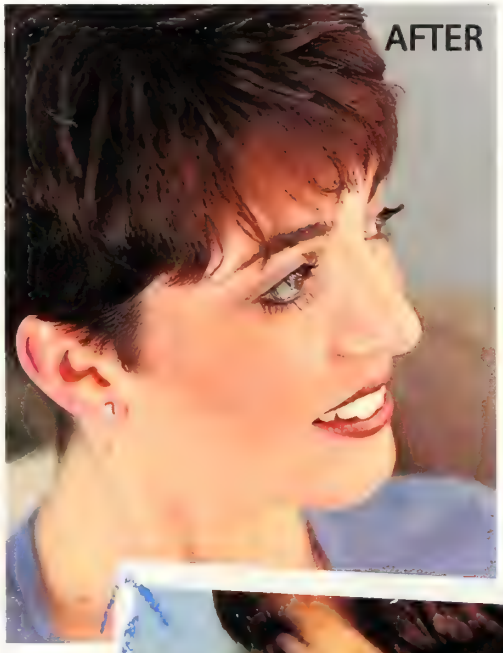
"OH, MY NOSE!"

Keri Schmitt grew up hating her nose—it was crooked, had a hump in the middle and turned down at the tip. She avoided being photographed in profile. Sitting in traffic, she'd pretend to scratch her nose so other drivers wouldn't stare.

"I always thought I looked funny," says Keri, twenty-eight, of Chicago. Still, for a long time she never considered plastic surgery; her budget couldn't handle it, and she feared dying during the procedure.

But several coincidences eventually led Keri to change her mind. For one, her cousin had rhinoplasty (the medical term for nose reshaping), and Keri was impressed with the results. Then in 1997, she took a position as a secretary with Plastic Surgeons Associated, a local full-service practice, where her aunt worked as a nurse. "I wanted to change professions, and this seemed like a good opportunity," says Keri, who now handles marketing for the practice.

On the job, Keri saw how cosmetic surgery—everything from nose reshaping and breast augmentation to liposuction—enhanced patients' appearance and self-image. But she still couldn't shake her fears enough to consider surgery. Keri was just grateful her looks hadn't affected her social life; she was in a long-term relationship with Jay McCormick, an elementary school computer teacher.



Keri's new nose flatters her face

Then, in the fall of 1998, a local newspaper featured Keri's office in a story about Botox injections, a procedure that reduces wrinkles. For a photo demonstrating the technique, Keri volunteered to pose as the "patient."

"When I saw the picture, I said, 'Oh, my God! Look at that nose,'" says Keri. "Then I signed up for surgery. Even though nobody at work ever suggested it, I figured people would say, 'If she works for plastic surgeons, why doesn't she get her nose fixed?'"

Reaction to Keri's decision was mixed. Her mother urged her not to waste money (the procedure typically costs $7,000); her father, whose nose she inherited, insisted that she looked fine. But Jay, by then Keri's fiancé, was supportive.

Keri's surgeon, Ricardo Izquierdo, M.D., used computer imaging to show her what he could do and how she would look. "I wanted to look like me, but with a nose that fit my face," she says. To conquer her fears about general anesthesia, she grilled the anesthesiologist, scrub nurse and former patients (continued on page 50)

MERLE NORMAN





sheer bliss for spring

Ethereal beauty begins with Merle Norman's spring color collection. Convenient compacts in three pastel palettes enhance eyes and cheeks, with lip and nail shades to match. Quick beauty tip: For maximum impact with spring's sheer lip colors, line and fill in lips vertically with DEFINITIVE™ Lip Liner in Naturals, then apply LUXIVA® Ultra Lipcolor in Flamingo. Stop by a Merle Norman Cosmetic Studio today for more tips on how to achieve the latest spring looks. For the Studio nearest you or for franchise information, visit our website at www.merlenorman.com or call (800)40-MERLE.

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For so long, these profound words of inspiration have been a source of comfort and guidance for so many—like a beacon of hope on a stormy night, an eternal light that shines for all time—guiding us to a place that's safe, warm and peaceful. The lighthouse stands as it has for hundreds of years—tall and proud—an unending symbol of strength and shelter, sending blessings of light across rolling waves that rush toward the shore far below. A full moon brilliantly illuminates the jagged rocks and the rising tower.

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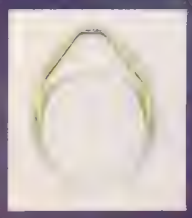
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(continued from page 46) for details.

Keri knew that it can take up to a year for the swelling to subside, and that she might need more surgery if any bone growth occurred (which happens rarely). So she scheduled the operation for January 1999—well before her upcoming wedding this September.

Keri woke up two and a half hours later with two black eyes, a splint on her nose and swelling from her cheeks to her chin. Even so, it wasn't very painful, and she could tell that the bump on her nose was gone and that the tip was level. After a week at home, she returned to work; within a month, she was allowed to resume strenuous activities, such as exercising. Though Keri had planned to take out a loan to pay for the surgery, her doctor waived his fee; her only cost was $650 to the outpatient facility.

Keri was thrilled with the results, but one morning last August, she was shocked to find that a bump had popped up overnight. Dr. Izquierdo diagnosed it as bone growth and surgically shaved it down in a minor office procedure. Finally, Keri had the nose she had always wanted.

Not long afterward, Keri ran into a classmate whom she hadn't seen in ten years. "I could tell by her reaction that she thought I looked better than I did in high school," Keri says. "I felt so confident."

She also feels like a new person. "Getting a nose job changed my life," Keri says emphatically. She pauses before adding, "I don't mean to sound vain. In fact, there's nothing vain about wanting to look your best and feel better about yourself."





Dana has lots to smile about now

FROM TIN GRIN TO SMASHING SMILE

For most of her thirty-nine years, Dana Ewing had a less-than-perfect smile. "I had a terrible overbite and two enormous front teeth that stuck out," she says. In 1987, Dana's dentist asked her to consider getting braces. Aesthetics weren't the only reason: Dana's crowded teeth made it difficult for her to brush and floss thoroughly. This left plaque in her mouth and put her at risk for tooth decay and gum disease. "The cleaner your teeth are, the better your chance of keeping them as you age," explains Dana, of Oreland, Pennsylvania, a media manager for a national clothing store chain.

According to the American Association of Orthodontists, adults currently account for 20 percent of the braces-wearing population, and 70 percent of all adult orthodontic patients are female.

The dentist's first step: pulling four of Dana's teeth so that the remaining ones could reposition themselves in her smaller-than-normal jaw. Overnight, it seemed as though the gaps started to close.

Soon, Dana had a mouth full of metal—and a calendar filled with appointments. Her orthodontist tightened the wires every few months, and a periodontist monitored her gums. She also had to learn how to brush properly with braces—in circles, for two to three minutes. But even that was easy compared to talking. "I didn't realize how much my upper lip moved while I spoke until I got braces and the inside of my mouth started rubbing across the metal," says Dana. "Once, when I was at work, my tongue got stuck in one of the brackets that hold the wires!"

As the months wore on, Dana's overbite retreated. But there was one side effect: Her right front tooth turned brown. "Apparently, the root had died from being moved around," Dana says. (She later had the tooth capped.)

In late 1991, her mouth de-braced, Dana was delighted. All of her teeth were straight. Today, when Dana looks at old pictures, she can't believe that the bucktoothed girl is her. Nor can her husband, William, whom she met after her braces came off.

"I'd recommend braces for any woman who wants to improve her dental health and her appearance," Dana says. ■

Cynthia Hanson, a contributing editor to Chicago magazine, wishes she were taller.

TALK MORE ABOUT IT

Do you have solutions to share with other women about appearance and how it affects your self-esteem? Join our discussion group at www.lhj.com/solutions/discuss.htm to tell your story and offer advice.

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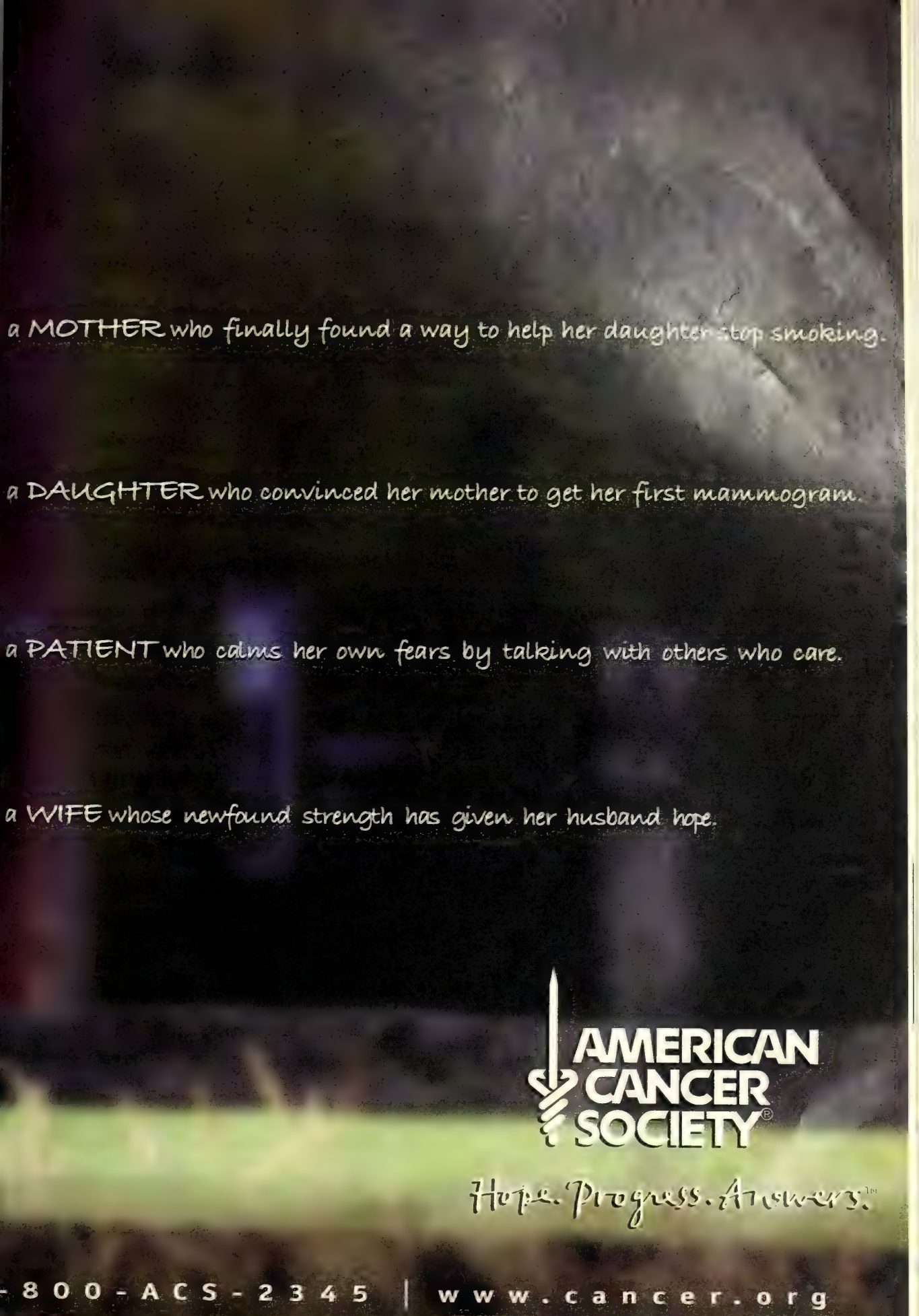
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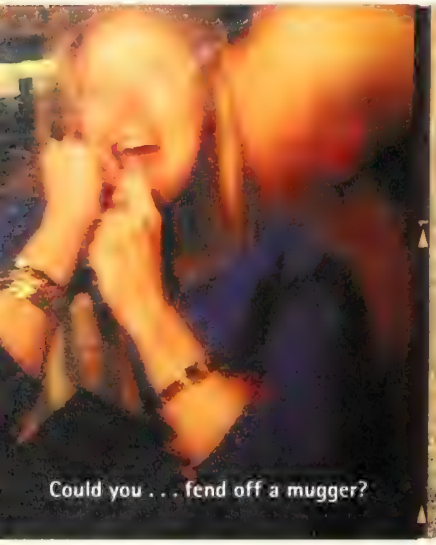
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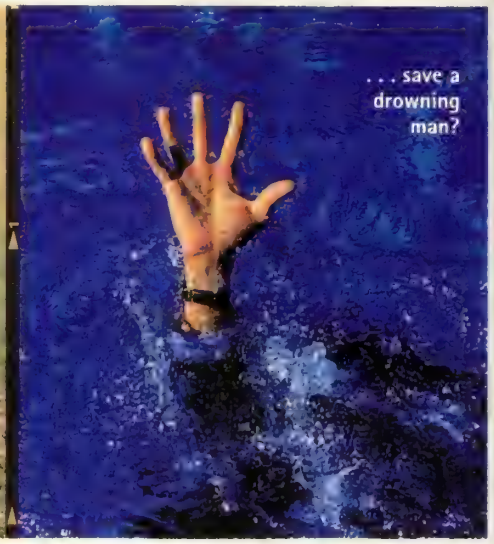

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Can You THINK Your Way Out of TROUBLE?

Find out how these people did it, then take our quiz to see how *you'd* fare in a crisis **By Sharon Epel**







ALMOST DAILY, WE'RE CHALLENGED TO THINK ON OUR FEET: WHEN WE TOSS BAKING SODA ON A STOVETOP FIRE, MAKE A SCARED CHILD LAUGH INSTEAD OF CRY, OR DELIVER THE PERFECT ZINGER TO AN ANNOYING CO-WORKER. BUT WHEN A SITUATION IS TOO STRESSFUL, WE MAY SIMPLY PANIC. HERE, THE AMAZING STORIES OF WOMEN AND CHILDREN WHO, WHEN FACED WITH A CRISIS, CALMLY SAVED THE DAY—AND, IN SOME CASES, EVEN A LIFE OR TWO

PUTTING A PICKPOCKET IN HIS PLACE



When actress Justine Miceli boarded a New York City subway early one evening last August, another passenger pressed against her backside. As she moved away, she noticed that her bag was lighter. Her wallet was missing. Miceli spun around, face-to-face with the man who'd been pressing against her. He was holding a suspiciously empty knapsack against his chest. "I just reacted," recalls Miceli, who had withdrawn $200 from an ATM before getting on the train. "I started yelling, 'What do you have there? You have my wallet!' " She ripped the knapsack away from him, and her wallet fell to the floor of the train.

The split-second encounter took place before the train's doors had even closed. "I didn't know whether the man was going to tackle me, pull out a knife or a gun, or slug me," says Miceli. "But I knew I didn't want him on the train." With the element of surprise now on her side, Miceli pushed the would-be thief out the door. "You have no right to ride this train!" she screamed. The doors closed, and the train pulled away.

While the other subway passengers barely reacted to this drama, Miceli says that their presence gave her a sense of security. Also, her experience playing Detective Adrianne Lesniak on the TV show *NYPD Blue* had taught her a useful lesson in fast thinking. "I learned that as a police officer, you have to keep calm," she explains. "If you don't panic, you'll get out of the situation." *(continued)*

HATE THE YEAST INFECTION.



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Diflucan 150-mg (fluconazole tablet)

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vaginal yeast infections due to the yeast called *Candida*.

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Pfizer

Please see important product information on adjacent page.

Diflucan 150-mg
(fluconazole tablet)

for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Di-flū-can), fluconazole (flū-con-a-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to *Candida*.

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is *Candida*?

Most yeast infections are caused by a type of fungus called *Candida*. It is normal for the *Candida* yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to *Candida*.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines. Do not take DIFLUCAN if you are taking the medicine cisapride (Propulsid).

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet that is taken by mouth. Most patients can expect to see the beginning of symptom relief within 24 hours of taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms will gradually lessen and eventually disappear.

DIFLUCAN can be taken anytime—day or night, with or without meals. You should take it as soon as possible, by mouth, to ensure the earliest relief. If the symptoms have not started to go away within 3 to 5 days, you should contact your doctor or other healthcare professional.

Possible side effects

In US clinical studies of 448 patients taking a single dose of DIFLUCAN for vaginal yeast infections, the most common side effects reported were headache (13%), nausea (7%), and stomach pain (6%). Other side effects reported were diarrhea (3%), indigestion (1%), dizziness (1%), and changes in the way food tastes (1%). Overall, 26% of patients taking DIFLUCAN reported side effects, compared with 16% of 422 patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points:

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about all the medicines you are taking—prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), cisapride (Propulsid), astemizole (Hismanal), rifabutin (Mycobutin), tacrolimus (Prograf), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to *Candida* has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole.

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

Pfizer U.S. Pharmaceuticals

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WHEN ANIMALS ATTACK



Karlann King, hi
two, a natural
former leader
door children's programs at
State Park, in Custer, South D
was taking three seven-year-old
on a nature walk in fall 1998
she noticed fresh buffalo trac
the trail. The animals can be da
ous, so she decided to turn bac
there was no time: A large b
was approaching King an
young charges.

At first, the boys were thril
see the animal so close. But
quickly told them, "This is
good situation. I want you to c
down, don't look at the buffal
maybe he'll just walk by." No
luck: A second, ornery bu
charged toward them. King wa
rified. An adult male can weigh
pounds and run thirty miles an
"I had to be calm, but I was
fied," she says. King whispered t
crouching boys to put their h
down. Then she stretched out
all three of them, protecting
heads with her body. "I was lyi
the ground with these boys be
me, and the buffalo was pawing
snorting, inches from my head,"
says. "I could look under my arm
see the snot dripping out of his
He was that close."

Fortunately, park visitors had s
ted King and the boys and calle
help. After the longest, scariest
minutes of King's life, a park ra
came to the rescue. He drove
truck up to where King and the
were lying and forced the buffalo
the hill behind them.

Although King feared for her
life and those of the boys, she
able to keep calm and take the ne
sary action because of her years of
perience working with children
animals. "I just did what I thoug
needed to do," she says.

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ESCUING DADDY



During a weekend beach trip last August, Jeffrey Adams, thirty-five, a Bartow, Florida, firefighter, d sons Brawley, seven, and Cade, e, decided to play a game in the all hotel pool. They challenged each ıer to see how far they could swim ile holding their breath. After sevteen laps, Jeffrey blacked out.

Fortunately, Brawley and Cade re near him in the pool. "The next ng I knew, I was coughing water," s Jeffrey. "Cade had grabbed my n and set it on the side of the pool, d Brawley had lifted my chin out of water. He said, 'Daddy, why were u down so long?' "

How did the boys know what to ? They acted on instinct, explains frey. "They knew something was ong. Daddy had stopped swimming, face was in the water, and that sn't the game we were playing."

Although Jeffrey felt fine after the incident, he is humbled and moved by his young sons' rescue. In fact, he wrote a letter to them and set it aside so they can read it when they're older. "I'm proud beyond words," he says. Adds Cade, "I'm happy Daddy is alive."

Sharon Epel has written for Parenting, San Francisco Focus and other publications.

WOULD *YOU* BE QUICK IN A CRISIS?

Most of us won't ever have to contend with a charging buffalo, but there are plenty of other perils in daily life. The next time you're in a situation that calls for fast thinking, how will you respond? The best way to find out is to consider your past actions, says Robert Nideffer, Ph.D., adjunct professor of psychology and physical education at San Diego State University, who helped create the quiz below. Although you may not have experienced the exact situations described here, you've probably encountered similar ones. How did you react?

1. YOU AND YOUR HUSBAND WERE AT A PARTY WHEN YOU SPOTTED AN IMPORTANT EXECUTIVE FROM YOUR COMPANY. JUST AS YOU WERE MAKING INTRODUCTIONS, YOU BLANKED OUT ON HER NAME. YOU:

a) introduced your husband to her, hoping she'd offer her name.
b) blushed, fumbled and became tongue-tied.
c) introduced yourself and your husband and graciously said, "I'm so embarrassed, but I've just forgotten your name."

(continued)

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2. YOUR SON'S BALL BOUNCED INTO A BUSY STREET—AND HE RAN AFTER IT. YOU:
a) yelled, "Stop!" looked both ways and dashed after him.
b) screamed or stood dumbstruck in fear.
c) ran after him.

3. AFTER YOU MADE A PRESENTATION AT WORK, A COLLEAGUE ASKED A DIFFICULT QUESTION AND YOU DIDN'T KNOW THE ANSWER. YOU:
a) acknowledged that it was a good question and explained that you'd have to do some research and get back to her.
b) blanked out. While frantically trying to think of the right answer, you worried about how long you were taking.
c) made up an answer on the spot, even though you weren't sure you were correct.

4. YOU BUMPED INTO AN ACQUAINTANCE AT THE SUPERMARKET. YOU'D BARELY FINISHED SAYING HELLO WHEN SHE ASKED YOU A VERY PERSONAL QUESTION. YOU:
a) responded briefly.
b) told more than you would have liked and felt foolish.
c) asked her a question instead, ignoring the one you were asked.

5. YOUR HUSBAND WAS CHOPPING VEGETABLES WHEN HE SHRIEKED. HIS HAND WAS BLEEDING PROFUSELY. YOU:
a) said, "Honey, take a deep breath; we're going to the ER." On the way to the car, you gave him a towel to stop the bleeding.
b) screamed at the sight of his blood and said, "Oh, my God, what happened? Are you all right?"
c) started to call 911, then hung up and said, "Let's go to the ER."

6. WHILE SHOPPING AT A LARGE DISCOUNT STORE, YOUR THREE-YEAR-OLD DAUGHTER DISAPPEARED. YOU:
a) yelled, "Lost child," quickly told store personnel so they could monitor the exits, and called her name.
b) thought, Where is she?, as you spun around looking for her.
c) called her name and started looking for her.

If you chose three or more A's, you're probably a great person to have around in a crisis. When faced with a high-pressure situation, you consistently take a moment to gather your thoughts and respond intelligently—not just react.
If you chose three or more B's, you tend to panic when faced with a difficult situation. What can you do? Take a deep breath. (Put your hand on your abdomen and breathe in. If you feel your stomach move outward as you inhale, you're doing it right.) This allows you to think about the crisis at hand, not just your fear.
If you chose three or more C's, you're good at gaining control of situations, but your responses may not always be the smartest ones. Try mentally rehearsing a smart reaction to a difficult situation. Then, in a crisis, take a few seconds to think before you act. ■


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The BUDDY System

Male bonding has been mocked, but women might just learn a thing or two about friendship from men

By Nicholas Weinstock

Every so often, my wife will hang up the phone and wilt into my arms or return from a lunch date and sag onto the couch to complain that yet another girlfriend has let her down. I am sympathetic, of course, and supportive; but I am dogged, in secret moments between my clucking headshakes and long-winded offers of advice, by the hunch that she would be better off with male friendships. I don't mean friendships with men (I may be sympathetic and supportive, but I'm no saint); I mean the sort of relationships that guys tend to forge, the kind of gruff and sturdy allegiances that leave my buddies and me generally safe from intimate woundings at each other's clumsy hands. Male bonding has been criticized, with its boyish handslaps and dumb mutterings about sports and work. But there's a stupid wisdom to the friendships of men, which, like our pickup trucks and baseball mitts, tend to last. Whether unwittingly or ingeniously, we have perfected a manner of relationship whose highlights deserve consideration by women.

THE ART OF THE JOUST

From our earliest acquaintances, we learn to tease and spar with each other as boldly and vocally as possible. To an outsider, this may appear at best idiotic and at worst hurtful. But the truth is that such ribbing serves to thicken our skins so that by the time we're adults, we find ourselves raucously, often accidentally, voicing our feelings.

"Women don't get things out in the open," says Joseph, a thirty-one-year-old investment banker in San Francisco. "They worry about hurting each other. But we men are comfortable busting each other's chops; it allows us to be totally honest." By establishing a playful arena of mutual critique that can be entered at any time and with any wisecracks ("Well whattaya know, it's Mister Too-Busy-to-Come-Out-for-My-Wife's-Birthday!"), we manage *(continued)*



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"Men are comfortable busting each other's chops; it allows us to be totally honest," says Joseph

(continued) to knock each other back into line without injury—and avoid the disapproving silences that can dampen women's relationships.

THE PICK-UP GAME

Treating our friendships as we do our amateur basketball and backyard football competitions, we've honed an ability to pick up precisely where we left off with our buddies after long absences. Without fretting about lack of contact, we reunite free of guilt and refreshed by our breaks from each other.

"The more independent you are as a friend, the more interesting you are," explains Luke, thirty-three, an Internet consultant in New York City. Every one of us is at times overwhelmed by work or simply underwhelmed by each other. While women may characterize such droughts as breakdowns or even betrayals, men tend to casually disregard them. It's not that we don't notice our buddies' disappearances; it's that we view their eventual reappearances as more significant. Friendships are voluntary acts, not mandatory sentences, and an unexplained absence only serves to remind us of that.

THE FILING SYSTEM

We tend to compartmentalize our friends with a clinical efficiency that saves us heartache. By allotting our relationships specific roles and limited depths, we effectively control our expectations—making the most of whatever a buddy has to offer while being careful not to count on him for anything more. Brian, for instance, is my basketball friend. Matthew is my serious-talks-about-our-fathers friend. And I would no sooner play basketball with Matthew than I would barrage Brian with my feelings about my father. Most guys feel the same: that we shouldn't put all our eggs into one emotional basket, or else they may start to stink.

"Of course, my wife has various kinds of friends, too," says Paul, thirty-nine, a beverage dealer in Kansas City, Missouri. "The difference is, she's willing to treat any of those people like a best friend." We men do not demand of our friends the sort of all-inclusive allegiance that women seem to expect of each other: a superheroic ability to respond equally well to all our needs that seems certain to falter.

THE EMERGENCY FUND

As a rule, we answer a buddy's "How ya doing?" not with probing self-analysis but with an upbeat retort ("Awesome," "Aces," "Couldn't be better"). Such snappy responses may seem careless, but they are actually economical, undemanding of any deft listening skills or tender advice. Heart-to-heart talks are the climactic exception in our friendships, and while we are often guilty of swallowing our emotions, we are wise to preserve our friends' gentle guidance for the time we need it most.

"I hear my wife bend her friends' ears all the time," says Donald★, a thirty-four-year-old journalist in New York City, "so when she complained recently that nobody was willing to help her with her latest trauma, I wasn't surprised."

While we may appear to be shrugging things off, we are in fact stockpiling an emergency fund of emotion—to be spent only on the rainiest of days and on the closest of pals.

THE ACTIVE CONNECTION

We *do* things with our friends. Whether it's whacking golf balls, harrumphing at Rotary Club meetings, or simply watching the same team on television, we tend to be brought together and kept together by our activities. These are avid pursuits in their own right, existing outside of our friendship-in-progress. And like a third-party chaperone, they help to smooth and enliven the time we share.

"Playing softball with the boys helps take the pressure off our friendship," explains Michael, thirty-three, a building contractor in New Haven, Connecticut. "It's not like we've given up our precious Sunday afternoon to spend time with each other; we're doing exactly what we want. That makes us feel as if we fit into each other's lives effortlessly." For the most part, we hustle along side-by-side, spurred into conversation—and even closeness—by our independent activities.

Clumsily and accidentally, we men have forged a brand of friendship that serves us well. It's our weaponry and our armor, our intimacy and our ability to go without. However, our protectionist habits *do* exclude us from the candor and wholeheartedness that distinguish female bonding and make us think we may be missing something after all. ■

Nicholas Weinstock has written for The New York Times Magazine. His first novel will be published in 2001.

★*Name has been changed.*

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par isn't right for everyone. Advise your doctor of any medications you may be taking ticularly MAOIs) to avoid potential drug interactions. Some people may experience effects such as excitement, dizziness, nausea, headache, lightheadedness, and nervousness.

Please see important additional information on next page.

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CONTRAINDICATIONS

WARNINGS: The administration of BuSpar to a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since blood pressure has become elevated when BuSpar was administered concomitantly with an MAOI such concomitant use is not recommended. BuSpar should not

PRECAUTIONS: General - *Interference with Cognitive and Motor Performance*: Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol. *Potential for Withdrawal Reactions in Sedative/Hypnotic/Anxiolytic Drug-Dependent Patients*: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug, and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures. *Possible Concerns Related to Buspirone's Binding to Dopamine Receptors*: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (e.g., dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported. The syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (i.e., represent akathisia). ***Information for Patients*** - Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol, or drugs they are now taking or plan to take during treatment with buspirone; to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone; to inform their physician if they are breast feeding, and not to drive a car or operate potentially dangerous machinery until they experience how medication affects them. ***Drug Interactions*** (See **WARNINGS**) - *Trazadone*: One report suggests that the concomitant use of Desyrel® (trazodone hydrochloride) and BuSpar may have caused 3- to 6- fold elevations on SGPT (ALT). *Haloperidol*: In normal volunteers, concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations. The clinical significance of this finding is not clear. *Amitriptyline*: After addition of buspirone to the amitriptyline dose regimen, no statistically significant differences in the steady-state pharmacokinetic parameters (C_{max}, AUC, and C_{min}) of amitriptyline or its metabolite nortriptyline were observed. *Diazepam*: After addition of buspirone to the diazepam dose regimen, no statistically significant differences in the steady-state pharmacokinetic parameters (C_{max}, AUC, and C_{min}) were observed for diazepam, but increases of about 15% were seen for nordiazepam, and minor adverse clinical effects (dizziness, headache, and nausea) were observed. *Triazolam/Flurazepam*: Coadministration of buspirone with either triazolam or flurazepam did not appear to prolong or intensify the sedative effects of either benzodiazepine. *Nefazodone*: In a study of steady-state pharmacokinetics in healthy volunteers, coadministration of buspirone (2.5 or 5 mg b.i.d.) with nefazodone (250 mg b.i.d.) resulted in marked increases in plasma buspirone concentrations (increases up to 20-fold in C_{max} and up to 50-fold in AUC) and statistically significant decreases (~50%) in plasma concentrations of the buspirone metabolite 1-PP. With 5 mg b.i.d. doses of buspirone, slight increases in AUC were observed for nefazodone (23%) and its metabolites hydroxynefazodone (17%) and meta-chlorophenylpiperazine (9%). Subjects receiving buspirone 5 mg b.i.d. and nefazodone 250 mg b.i.d. experienced side effects such as lightheadedness, asthenia, dizziness, and somnolence. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Other Psychotropics*: The concomitant use of BuSpar with other CNS-active drugs should be approached with caution. *Cimetidine*: Coadministration of buspirone with cimetidine was found to increase C_{max} (40%) and T_{max} (2-fold), but had minimal effects on the AUC of buspirone. *Erythromycin*: In a study in healthy volunteers, coadministration of BuSpar (10 mg/day) with erythromycin (1.5 g/day) increased plasma buspirone concentrations (fivefold increase in C_{max} and sixfold increase in AUC). These pharmacokinetic interactions were accompanied by an increased incidence of side effects attributable to buspirone. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Itraconazole*: In healthy volunteers, coadministration of BuSpar (10 mg/day) with itraconazole (200 mg/day) increased plasma buspirone concentrations (13-fold increase in C_{max} and 19-fold increase in AUC). These pharmacokinetic interactions were accompanied by an increased incidence of side effects attributable to buspirone. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Potential Interaction with Drugs That Inhibit Cytochrome P450 3A4 (CYP3A4)*: Buspirone has been shown *in vitro* to be metabolized by CYP3A4. Consequently, if BuSpar is to be used in combination with a potent inhibitor of CYP3A4, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Protein Binding: In vitro*, buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin. phenytoin, phenobarbital, digoxin and Synthroid®. Therapeutic levels of aspirin, desipramine, diazepam, flurazepam, ibuprofen, propranolol, thioridazine, and tolbutamide had only a limited effect on the extent of binding of buspirone to plasma proteins (see **CLINICAL PHARMACOLOGY** section). ***Carcinogenesis, Mutagenesis, Impairment of Fertility*** - No evidence of carcinogenic potential was observed in rats or mice, buspirone did not induce point mutations, nor was DNA damage observed, chromosomal aberrations or abnormalities did not occur. ***Pregnancy: Teratogenic Effects*** - Pregnancy Category B: Should be used during pregnancy only if clearly needed. ***Nursing Mothers*** - Administration to nursing women should be avoided if clinically possible. ***Pediatric Use*** - The safety and effectiveness have not been determined in individuals below 18 years of age. ***Use in the Elderly*** - The safety and efficacy profiles of buspirone in 605 anxious, elderly patients (mean age = 70.8 years) were similar to those in a younger population (mean age = 43.3 years). There were no effects of age on the pharmacokinetics of buspirone. ***Use in Patients With Impaired Hepatic or Renal Function*** - Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment. A pharmacokinetic study in patients with impaired hepatic or renal function demonstrated increased plasma levels and a lengthened half-life of buspirone (see **CLINICAL PHARMACOLOGY** section).

ADVERSE REACTIONS (See also PRECAUTIONS): *Commonly Observed* - The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients include dizziness, nausea, headache, nervousness, lightheadedness, and excitement. ***Associated With Discontinuation of Treatment*** - The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling, gastrointestinal disturbances (1.2%), primarily nausea; miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary. ***Incidence in Controlled Clinical Trials*** - Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials: *Cardiovascular*: Tachycardia/palpitations 1%. *CNS*: Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT*: Blurred vision 2%. *Gastrointestinal*: Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal*: Musculoskeletal aches/pains 1%. *Neurological*: Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin*: Skin rash 1%. *Miscellaneous*: Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%. ***Other Events Observed During the Entire Premarketing Evaluation*** - The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses under well-controlled, open and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients, and rare are those occurring in less than 1/1000 patients. *Cardiovascular* - frequent: nonspecific chest pain; infrequent: syncope, hypotension, and hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System* - frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, involuntary movements, slowed reaction time, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT* - frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine* - rare: galactorrhea, thyroid abnormality. *Gastrointestinal* - infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary* - infrequent: urinary frequency, urinary hesitancy, menstrual irregularity and spotting, dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal* - infrequent: muscle cramps, muscle spasms, rigid/stiff muscles, arthralgias; rare: muscle weakness. *Respiratory* - infrequent: hyperventilation, shortness of breath, and chest congestion; rare: epistaxis. *Sexual Function* - infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin* - infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory* - infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous* - infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise; rare: alcohol abuse, bleeding disturbance, loss of voice, and hiccoughs.

POSTINTRODUCTION CLINICAL EXPERIENCE: Rare occurrences of allergic reactions (including urticaria), angioedema, cogwheel rigidity, dizziness (rarely reported as vertigo), dystonic reactions, ataxias, extrapyramidal symptoms, dyskinesias (acute and tardive), ecchymosis, emotional lability, serotonin syndrome, transient difficulty with recall, urinary retention and visual changes (including tunnel vision) have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar (buspirone HCl) has not been determined.

DRUG ABUSE AND DEPENDENCE: *Controlled Substance Class* - Not a controlled substance. ***Physical and Psychological Dependence*** - Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (e.g., development of tolerance, incrementation of dose, drug-seeking behavior).

OVERDOSAGE: *Signs and Symptoms* - At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. A few cases of overdosage have been reported with complete recovery as the usual outcome. No deaths have been reported following overdosage with BuSpar alone. Rare cases of intentional overdosage with a fatal outcome were invariably associated with ingestion of multiple drugs and/or alcohol, and causal relationship to buspirone could not be determined. ***Recommended Overdose Treatment*** - General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

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BRIEF SUMMARY—CELEBREX™ (celecoxib capsules)

INDICATIONS AND USAGE
For relief of the signs and symptoms of OA, and of RA in adults.

CONTRAINDICATIONS
CELEBREX is contraindicated in patients with known hypersensitivity to celecoxib. CELEBREX should not be given to patients who have demonstrated allergic-type reactions to sulfonamides. CELEBREX should not be given to patients who have experienced asthma, urticaria, or allergic type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients (see WARNINGS—Anaphylactoid Reactions, and PRECAUTIONS—Preexisting Asthma).

WARNINGS
Gastrointestinal (GI) Effects—Risk of GI Ulceration, Bleeding, and Perforation: Serious GI toxicity such as bleeding, ulceration, and perforation of the stomach, small intestine or large intestine, can occur at any time, with or without warning symptoms, in patients treated with NSAIDs. Minor upper GI problems, such as dyspepsia, are common and may also occur at any time during NSAID therapy. Therefore, physicians and patients should remain alert for ulceration and bleeding, even in the absence of previous GI tract symptoms. Patients should be informed about the signs and/or symptoms of serious GI toxicity and the steps to take if they occur. Only 1/5 patients who develop a serious upper GI adverse event on NSAID therapy is symptomatic. Upper GI ulcers, gross bleeding or perforation, caused by NSAIDs, appear to occur in approximately 1% of patients treated for 3–6 months, and in about 2–4% of patients treated for one year. These trends continue thus, increasing the likelihood of developing a serious GI event at some time during the course of therapy. However, even short-term therapy is not without risk. It is unclear, at the present time, how the above rates apply to CELEBREX (see CLINICAL STUDIES—Special Studies in the complete prescribing information). Among 5,285 patients who received CELEBREX in controlled clinical trials of 1 to 6 months duration (most were 3 month studies) at a daily dose of 200 mg or more, 2 (0.04%) experienced significant upper GI bleeding, at 14 and 22 days after initiation of dosing. Approximately 40% of these 5,285 patients were in studies that required them to be free of ulcers by endoscopy at study entry. Thus it is unclear if this study population is representative of the general population. Prospective, long-term studies required to compare the incidence of serious, clinically significant upper GI adverse events in patients taking CELEBREX vs. comparator NSAID products have not been performed. NSAIDs should be prescribed with extreme caution in patients with a prior history of ulcer disease or GI bleeding. Most spontaneous reports of fatal GI events are in elderly or debilitated patients and therefore special care should be taken in treating this population. **To minimize the potential risk for an adverse GI event, the lowest effective dose should be used for the shortest possible duration**. For high risk patients, alternate therapies that do not involve NSAIDs should be considered. Studies have shown that patients with a *prior history of peptic ulcer disease and/or GI bleeding* and who use NSAIDs, have a greater than 10-fold higher risk for developing a GI bleed than patients with neither of these risk factors. In addition to a past history of ulcer disease, pharmacoepidemiological studies have identified several other co-therapies or co-morbid conditions that may increase the risk for GI bleeding such as: treatment with oral corticosteroids, treatment with anticoagulants, longer duration of NSAID therapy, smoking, alcoholism, older age, and poor general health status.

Anaphylactoid Reactions: As with NSAIDs in general, anaphylactoid reactions may occur in patients without known prior exposure to CELEBREX. In post-marketing experience, very rare cases of anaphylactic reactions and angioedema have been reported in patients receiving CELEBREX. CELEBREX should not be given to patients with the aspirin triad. This symptom complex typically occurs in asthmatic patients who experience rhinitis with or without nasal polyps, or who exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAIDs (see CONTRAINDICATIONS and PRECAUTIONS—Preexisting Asthma). Emergency help should be sought in cases where an anaphylactoid reaction occurs.

Advanced Renal Disease: Treatment with CELEBREX is not recommended.

Pregnancy: In late pregnancy CELEBREX should be avoided because it may cause premature closure of the ductus arteriosus.

PRECAUTIONS
General: CELEBREX cannot be expected to substitute for corticosteroids or to treat corticosteroid insufficiency. The pharmacological activity of CELEBREX in reducing inflammation, and possibly fever, may diminish the utility of these diagnostic signs in detecting infectious complications of presumed noninfectious, painful conditions.

Hepatic Effects: Borderline elevations of one or more liver tests may occur in up to 15% of patients taking NSAIDs, and notable elevations of ALT or AST (approximately three or more times the upper limit of normal) have been reported in approximately 1% of patients in clinical trials with NSAIDs. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continuing therapy. Rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, liver necrosis and hepatic failure (some with fatal outcome) have been reported with NSAIDs. In controlled clinical trials of CELEBREX, the incidence of borderline elevations of liver tests was 6% for CELEBREX and 5% for placebo, and approximately 0.2% of patients taking CELEBREX and 0.3% of patients taking placebo had notable elevations of ALT and AST. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be monitored carefully for evidence of the development of a more severe hepatic reaction while on therapy with CELEBREX. If clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), CELEBREX should be discontinued.

Renal Effects: Long-term administration of NSAIDs has resulted in renal papillary necrosis and other renal injury. Renal toxicity has also been seen in patients in whom renal prostaglandins have a compensatory role in the maintenance of renal perfusion. In these patients, administration of an NSAID may cause a dose-dependent reduction in prostaglandin formation and, secondarily, in renal blood flow, which may precipitate overt renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics and ACE inhibitors, and the elderly. Discontinuation of NSAID therapy is usually followed by recovery to the pretreatment state. Clinical trials with CELEBREX have shown renal effects similar to those observed with comparator NSAIDs. Caution should be used when initiating treatment with CELEBREX in patients with considerable dehydration. It is advisable to rehydrate patients first and then start therapy with CELEBREX. Caution is also recommended in patients with pre-existing kidney disease (see WARNINGS—Advanced Renal Disease).

Hematological Effects: Anemia may occur. In controlled clinical trials the incidence of anemia was 0.6% with CELEBREX and 0.4% with placebo. Patients on long-term treatment with CELEBREX should have their hemoglobin or hematocrit checked if they exhibit any signs or symptoms of anemia or blood loss. CELEBREX does not generally affect platelet counts, prothrombin time (PT), or partial thromboplastin time (PTT), and does not appear to inhibit platelet aggregation at indicated dosages. (See CLINICAL STUDIES—Special Studies—Platelets in the complete prescribing information)

Fluid Retention and Edema: Fluid retention and edema may occur (see ADVERSE REACTIONS). Therefore, CELEBREX should be used with caution in patients with fluid retention, hypertension, or heart failure.

Preexisting Asthma: Do not use in patients with aspirin-sensitive asthma because of the risk of severe bronchospasm. Use with caution in patients with preexisting asthma.

Laboratory Tests: Because serious GI tract ulcerations and bleeding can occur without warning symptoms, physicians should monitor for signs or symptoms of GI bleeding. During the controlled clinical trials, there was an increased incidence of hyperchloremia in patients receiving celecoxib compared with patients on placebo. Other laboratory abnormalities that occurred more frequently in the patients receiving celecoxib included hypophosphatemia, and elevated BUN. These laboratory abnormalities were also seen in patients who received comparator NSAIDs in these studies. The clinical significance of these abnormalities has not been established.

Drug Interactions: ***General***: Celecoxib metabolism is predominantly mediated via cytochrome P450 2C9 in the liver. Co-administration of celecoxib with drugs that are known to inhibit 2C9 should be done with caution. *In vitro* studies indicate that celecoxib, although not a substrate, is an inhibitor of cytochrome P450 2D6. Therefore, there is a potential for an *in vivo* drug interaction with drugs that are metabolized by P450 2D6. ***ACE-inhibitors***: Reports suggest that NSAIDs may diminish the antihypertensive effect of Angiotensin Converting Enzyme (ACE) inhibitors. This interaction should be given consideration in patients taking CELEBREX concomitantly with ACE-inhibitors. ***Furosemide***: Clinical studies, as well as post marketing observations, have shown that NSAIDs can reduce the natriuretic effect of furosemide and thiazides in some patients. This response has been attributed to inhibition of renal prostaglandin synthesis. ***Aspirin***: CELEBREX can be used with low dose aspirin. However, concomitant administration of aspirin with CELEBREX may result in an increased rate of GI ulceration or other complications, compared to use of CELEBREX alone (see CLINICAL STUDIES—Special Studies—Gastrointestinal in the complete prescribing information). Because of its lack of platelet effects, CELEBREX is not a substitute for aspirin for cardiovascular prophylaxis. ***Fluconazole***: Concomitant administration of fluconazole at 200 mg QD resulted in a two-fold increase in celecoxib [illegible] centration. This increase is due to the inhibition of celecoxib metabolism via P450 [illegible] conazole (see Pharmacokinetics—Metabolism). CELEBREX should be introduced [illegible] recommended dose in patients receiving fluconazole. ***Lithium***: In a study conducted [illegible] subjects, mean steady-state lithium plasma levels increased approximately 17 [illegible] receiving lithium 450 mg BID with CELEBREX 200 mg BID as compared to subjects [illegible] lithium alone. Patients on lithium treatment should be closely monitored when [illegible] introduced or withdrawn. ***Methotrexate***: In an interaction study of rheumatoid arthritis [illegible] taking methotrexate, CELEBREX did not have a significant effect on the pharmacokinetics [illegible] methotrexate. ***Warfarin***: Anticoagulant activity should be monitored, particularly in the first few days, after initiating or changing CELEBREX therapy in patients receiving warfarin-type agents, since these patients are at an increased risk of bleeding complications. The effect of celecoxib on the anticoagulant effect of warfarin was studied in a group of healthy subjects receiving daily doses of 2 to 5 mg of warfarin. In these subjects, celecoxib did not alter the anticoagulant effect of warfarin as determined by prothrombin time. However, in rare post-marketing experience, bleeding events have been reported, predominantly in the elderly, with an increase in prothrombin time in patients receiving CELEBREX concurrently with warfarin. **Carcinogenesis, mutagenesis, impairment of fertility**: Celecoxib was not carcinogenic in rats given oral doses up to 200 mg/kg for males and 10 mg/kg for females (approximately 2- to 4-fold the human exposure as measured by the AUC_{0-24} at 200 mg BID) or in mice given oral doses up to 25 mg/kg for males and 50 mg/kg for females (approximately equivalent exposure as measured by the AUC_{0-24} at 200 mg BID) for two years. Celecoxib was not genotoxic in an Ames test and a mutation assay in Chinese hamster ovary (CHO) cells nor genotoxic in a chromosome aberration assay in CHO cells and an *in vivo* micronucleus test in rat bone marrow. Celecoxib did not impair male and female fertility in rats at oral doses up to 600 mg/kg/day (approximately 11-fold human exposure at 200 mg BID based on the AUC_{0-24}). **Pregnancy**: ***Teratogenic effects***: Pregnancy Category C. Celecoxib was not teratogenic in rats at up to an oral dose of 60 mg/kg/day (equal to human exposure at 200 mg BID as measured by the AUC_{0-24}); however, at oral doses ≥150 mg/kg/day (approximately 2-fold human exposure at 200 mg BID as measured by AUC_{0-24}), an increased incidence of fetal alterations, such as sternebrae fused and sternebrae misshapen, was observed. A dose-dependent increase in diaphragmatic hernias was observed in one of two rat studies at oral doses ≥30 mg/kg/day (approximately 6-fold human exposure based on the AUC_{0-24} at 200 mg BID). There are no studies in pregnant women. CELEBREX should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. ***Nonteratogenic effects***: Celecoxib produced [illegible] implantation and post-implantation losses and reduced embryo/fetal survival in rats at dosages ≥50 mg/kg/day (approximately 6-fold human exposure based on the AUC at 200 mg BID). These changes are expected with inhibition of prostaglandin synthesis and are the result of permanent alteration of female reproductive function, nor are they expected at clinical exposures. No studies have been conducted to evaluate the effect of celecoxib on closure of the ductus arteriosus in humans. Therefore, use of CELEBREX during the third trimester of pregnancy should be avoided. **Labor and delivery**: Celecoxib produced no evidence of delayed labor or parturition at oral doses up to 100 mg/kg in rats (approximately 7-fold human exposure as measured by the AUC_{0-24} at 200 mg BID). The effects of CELEBREX on labor and delivery in pregnant women are unknown. **Nursing mothers**: It is not known whether CELEBREX is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from CELEBREX, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in pediatric patients below the age of 18 years have not been evaluated.

Geriatric Use: Of the total number of patients who received CELEBREX in clinical trials, more than 2,100 were 65–74 years of age, while approximately 800 additional patients were 75 years and over. While the incidence of adverse experiences tended to be higher in elderly patients, no substantial differences in safety and effectiveness were observed between these patients and younger subjects. Other reported clinical experience has not identified differences in response between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. In clinical studies comparing renal function as measured by GFR, BUN and creatinine, and platelet function as measured by bleeding time and platelet aggregation, the results were not different between elderly and young volunteers.

ADVERSE REACTIONS
Adverse events occurring in ≥2% of Celebrex patients regardless of causality at recommended doses (N=4146): abdominal pain 4.1%, diarrhea 5.6%, dyspepsia 8.8%, flatulence 2.2%, nausea 3.5%, back pain 2.8%, peripheral edema 2.1%, injury-accidental 2.9%, dizziness 2.0%, [illegible] 15.8%, insomnia 2.3%, pharyngitis 2.3%, rhinitis 2.0%, sinusitis 5.0%, upper respiratory infection 8.1%, rash 2.2%. In placebo- or active-controlled clinical trials, the discontinuation due to adverse events was 7.1% for patients receiving CELEBREX and 6.1% for patients receiving placebo. Among the most common reasons for discontinuation due to adverse events in the CELEBREX treatment groups were dyspepsia and abdominal pain (cited as reasons for discontinuation in 0.8% and 0.7% of CELEBREX patients, respectively). Among patients receiving placebo, 0.6% discontinued due to dyspepsia and 0.6% withdrew due to abdominal pain. The following adverse events occurred in 0.1–1.9% of patients regardless of causality.

Celebrex (100-200 mg BID or 200 mg QD): ***GI:*** Constipation, diverticulitis, dysphagia, eructation, esophagitis, gastritis, gastroenteritis, gastroesophageal reflux, hemorrhoids, hiatal hernia, melena, dry mouth, stomatitis, tenesmus, tooth disorder, vomiting; ***Cardiovascular***: Angina, hypertension, angina pectoris, coronary artery disease, myocardial infarction; ***General***: aggravated, allergic reaction, asthenia, chest pain, cyst NOS, edema generalized, face, fatigue, fever, hot flushes, influenza-like symptoms, pain, peripheral pain; ***Resistance mechanism disorders:*** Herpes simplex, herpes zoster, infection bacterial, infection fungal, infection soft tissue, infection viral, moniliasis, moniliasis genital, otitis media; ***Central, peripheral nervous system:*** Leg cramps, hypertonia, hypoesthesia, migraine, neuralgia, neuropathy, paresthesia, vertigo; ***Female reproductive:*** Breast fibroadenosis, breast neoplasm, breast pain, dysmenorrhea, menstrual disorder, vaginal hemorrhage, vaginitis; ***Male reproductive:*** Prostatic disorder; ***Hearing and vestibular:*** Deafness, ear abnormality, earache, tinnitus; ***Heart rate and rhythm:*** Palpitation, tachycardia; ***Liver and biliary system***: Hepatic function abnormal, SGOT increased, SGPT increased; ***Metabolic and nutritional***: BUN increased, CPK increased, diabetes mellitus, hypercholesterolemia, hyperglycemia, hypokalemia, NPN increase, creatinine increased, alkaline phosphatase increased, weight increase; ***Musculoskeletal***: Arthralgia, arthrosis, bone disorder, fracture accidental, myalgia, neck stiffness, synovitis, tendinitis; ***Platelets (bleeding or clotting)***: Ecchymosis, epistaxis, thrombocythemia; ***Psychiatric***: Anorexia, anxiety, appetite increased, depression, nervousness, somnolence; ***Hemic:*** Anemia; ***Respiratory:*** Bronchitis, bronchodilation, bronchospasm aggravated, coughing, dyspnea, laryngitis, pneumonia; ***Skin and appendages:*** Alopecia, dermatitis, nail disorder, photosensitivity reaction, pruritus, rash erythematous, rash maculopapular, skin disorder, skin dry, sweating increased, urticaria; ***Application site disorders:*** Cellulitis, dermatitis contact, injection site reaction, skin nodule; ***Special senses:*** [illegible] sion; ***Urinary system:*** Albuminuria, cystitis, dysuria, hematuria, micturition frequency, calculus, urinary incontinence, urinary tract infection; ***Vision:*** Blurred vision, cataract, conjunctivitis, eye pain, glaucoma.

Other serious adverse reactions which occur rarely (<0.1%), regardless of causality: The following serious adverse events have occurred rarely in patients, taking CELEBREX. ***Cardiovascular:*** Syncope, congestive heart failure, ventricular fibrillation, pulmonary embolism, cerebrovascular accident, peripheral gangrene, thrombophlebitis; ***GI:*** Intestinal obstruction, intestinal perforation, GI bleeding, colitis with bleeding, esophageal perforation, pancreatitis, cholelithiasis; ***Hemic and lymphatic:*** Thrombocytopenia; ***Nervous system:*** Ataxia; ***Renal:*** Acute renal failure; ***General:*** Sepsis, sudden death.

OVERDOSAGE
Symptoms following acute NSAID overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. GI bleeding can occur. Hypertension, acute renal failure, respiratory depression and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs and may occur following an overdose. Patients should be managed by symptomatic and supportive care following an NSAID overdose. There are no specific antidotes. No information available regarding the removal of celecoxib by hemodialysis, but based on its high degree of plasma protein binding (>97%) dialysis is unlikely to be useful in overdose. Emesis and activated charcoal (60 to 100 g in adults, 1 to 2 g/kg in children) and/or osmotic cathartic be indicated in patients seen within 4 hours of ingestion with symptoms or following a overdose. Forced diuresis, alkalinization of urine, hemodialysis, or hemoperfusion may not useful due to high protein binding.

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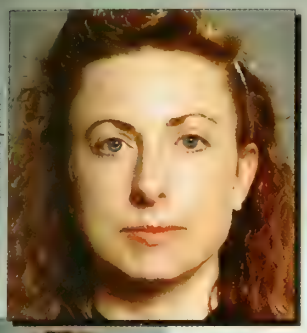
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Cindy Crystal, Age 31, San Rafael, CA

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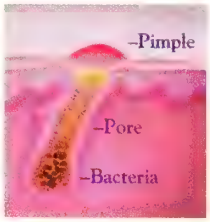
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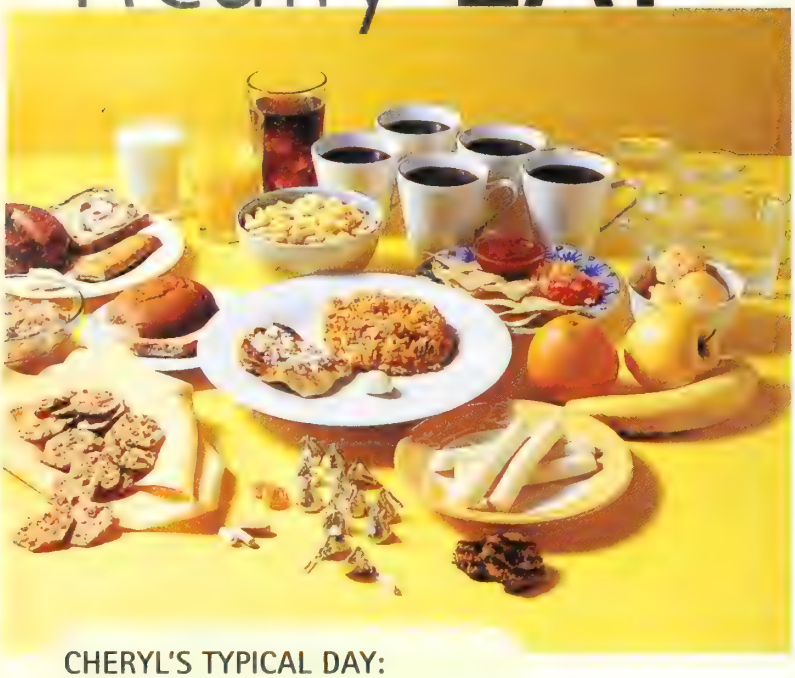
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What **THIN** Women Really **EAT**



Why can some women seemingly devour whatever they want without penalty, while the rest of us get fatter with every cookie we swallow? We sought the answer

By Michele Morris

We all know them, those women who seem to be effortlessly thin. They eat between meals, order dessert, never breathe the word diet. But is their thinness really a gift from Mother Nature, or do they somehow help her out?

To find out, we asked four always-thin women to keep a food and exercise journal for several days. Then we had Gale Welter, R.D., C.S.C.S., Nutrition Counselor at the University of Arizona in Tucson, examine their entries and expose their secrets. As it turns out, the "naturally" thin do have some lessons for all of us.

CHERYL'S TYPICAL DAY: 3,000 calories

7:30 A.M. raisin bagel with 1 tsp. butter, 2 pkgs. Quaker Raisin, Date, Walnut Instant Oatmeal prepared with 3/4 cup skim milk, 10 oz. orange juice
8:30 A.M. 2 cups coffee
9:05 A.M. 1 large banana, 1 thick slice cinnamon bread with 1 tsp. butter
10:15 A.M. 1 cup coffee, 1 Nutri-Grain bar, 8 oz. water
12:05 P.M. 3 string cheese sticks
1:25 P.M. 1 whole-wheat hamburger bun with butter, 1/2 of a Kraft Deluxe Macaroni & Cheese dinner—Four Cheese flavor, 1 cup skim milk, 2 cups coffee, 1 large apple, 2 Caramel Delite Girl Scout cookies
2:35 P.M. 8 oz. water, 2 string cheese sticks
3:40 P.M. 1 medium orange
6:24 P.M. 2 Lifesaver candies
6:40 P.M. 20 Wheatables crackers
6:45 P.M. 12 oz. caffeine-free Coke
7:17 P.M. 10 tortilla chips with 1/4 cup shredded cheese, 1/2 diced tomato and salsa
8:30 P.M. 8 Hershey's Almond Kisses
8:56 P.M. 8 oz. cod baked with butter and spices, cracker crumbs on top; 1 cup Lipton Spanish rice, 1 roasted garlic clove
10:00 P.M. 3 large scoops orange sherbet, 4 Hershey's Almond Kisses, 8 oz. water
11:10 P.M. 8 oz. water, 1 multivitamin, two 500 mg vitamin C, one 1000 mg vitamin E

FREESTYLE EATER



"According to my food diary, one day I ate sixteen different times!"

Cheryl Clements, 37, Belmont, MI
5'5", 110 pounds; married; computer specialist and part-time aerobics instructor

"When I was little, the girls at school called me Skinny Bones. I didn't like the teasing, but my mom comforted me by saying that someday they would be jealous. She was right. Now people ask me how I stay so thin. I tell them that I never eat fried foods and I stay active. If I'm watching TV, I'm probably also folding the laundry. But frankly, I know I am also blessed with good genes and a fast metabolism. My sister is thin, too. Basically, I eat whatever I want, but I run two or three times a week, and I teach aerobics four evenings a week.

Her skinny secret: "Cheryl eats with gusto, but she balances that by working out a tremendous amount. By eating throughout the day, she keeps her energy levels constant. She's also a smart snacker who naturally limits her portions. She eats a small plate of chips, not the whole bag. And she indulges her sweet tooth with little treats or low-fat choices."

Don't try this at home: "Eating three thousand calories per day sounds tempting, but if you're not spending hours in the gym daily, you'll gain weight, no matter how fast your metabolism is."



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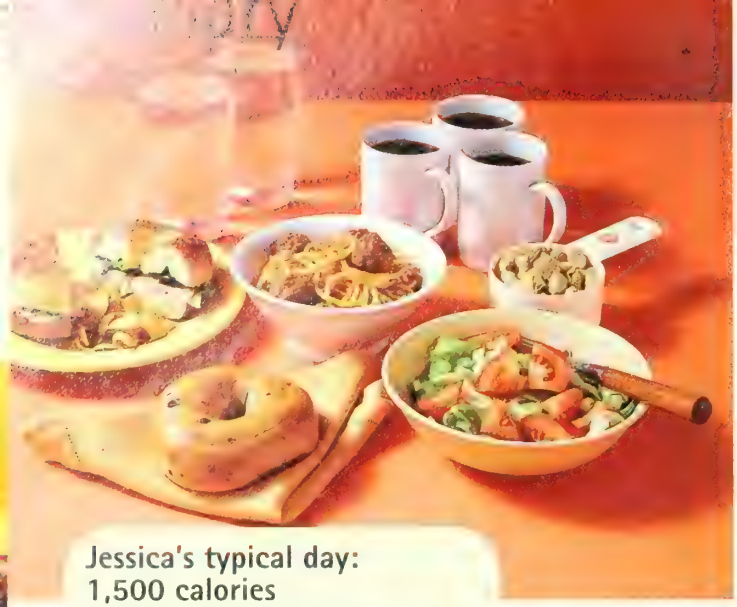
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Jessica's typical day: 1,500 calories

7:30 A.M. 1 blueberry bagel, 2 cups coffee with 1 tsp. cream and 2 tsp. sugar, 16 oz. water
1:30 P.M. bagel sandwich with 2 slices turkey breast and lettuce, 1 tsp. mayo and 1 tsp. mustard; 1/4 cup Fritos, 16 oz. water
5:20 P.M. 1 cup coffee with 1 tsp. cream and 2 tsp. sugar, 1 cup Quaker Oats Squares cereal (dry)
7:00 P.M. 2 cups spaghetti and meatballs with homemade red sauce, 2 1/2 cups salad (iceberg lettuce, tomatoes, green onions, 1 Tbs. Italian dressing)

REPEAT EATER

Jessica Hemb, 34, Covington, LA
5'7", 127 pounds; married, two sons; full-time homemaker



"I have a hard time sitting still. I'm always doing something."

"I've always been thin and athletic, except for freshman year of college, when I gained fifteen pounds, and after my first son was born. And I'm a high-energy person. I'm always on the run, so meals have to be quick, easy and healthy. I have a bagel almost every morning before I head to the gym or the tennis club; in the afternoons, I drive my sons to their activities. I never snack between breakfast and lunch. If I get hungry in the late afternoon, I nibble on raw carrots, a piece of fruit or Quaker Oatmeal Squares. I try not to eat junk food, but French fries are my downfall. For dinner, most nights we eat ethnic food or barbecue. I end up eating what everyone else does."

Her skinny secret: "Jessica is clearly careful about what she eats in order to maintain her weight," says nutritionist Welter, "and she's developed a simple routine that prevents thoughtless nibbling and keeps her on track when she's too busy to think about meal planning."

Don't try this at home: "Jessica sometimes goes as long as six hours between meals," Welter says, "which can sap energy. Her diet is also low in calcium, and she seems to be stuck in a bagel rut. A more varied diet would spice up her life and ensure that she gets the nutrients she needs."



Kellie Pierce maintains her 110-pound shape, she says, by "staying in touch with my body"

MINDFUL EATER

Kellie Pierce, 38, Mandan, ND; 5'4", 110 pounds
married; three children; nurse anesthetist

"I've always been thin and never worried about my weight. My sisters are thin, too. My secret is probably good genes, but I help them along by staying in touch with my body. If I know that I will be going out to dinner, I eat less in advance. And when I do feel heavy, I cut back for a while by eating yogurt for lunch or tuna sandwiches *(continued)*



Kellie's typical day: 1,800 calories

6 A.M. 13 oz. water
7 A.M. 1 large pancake with 1/4 cup maple syrup, 1/2 piece bacon, 1 cup black coffee
10 A.M. 13 oz. water
Noon 13 oz. water, 8 oz. blueberry yogurt with 1/4 cup raw oatmeal mixed in
3 P.M. 13 oz. water
4 P.M. 13 oz. water, 8 goldfish crackers
5 P.M. 2 scotch and sodas, 1 quarter quesadilla with 1 tsp. sour cream, 1 cup fried calamari
7:30 P.M. 4 oz. water, 2 cups pear and vegetable salad with vinaigrette dressing, 1 cup pasta in white cream sauce with peas and ham, 1 slice bread with garlic and butter spread, 1 cup coffee

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with light mayo. I also drink lots and lots of water to make me feel full and flush out my system. I try hard to exercise, but I'm not a maniac. And with a toddler and two teens, I'm always on the move.

"If I find myself nibbling too much—nurses always have food around the desk—I tell myself that it's junk and cut back. I seldom have a bag of chips in the house."

Her skinny secret: "Kellie consciously adjusts what she eats during the day to avoid gaining weight," observes Welter. "If she's not dining out, she usually eats three square meals a day, along with an afternoon snack. And she chooses foods that have lots of nutrition in relation to the calories."

Don't try this at home: "Eating high-fat appetizers like the fried calamari and quesadilla. Not all of us have the willpower to stop after just a small serving."

How to Eat Like a Thin Person

WHAT DO OUR FOUR SUBJECTS HAVE IN COMMON, BESIDES THEIR ENVIABLE SLIMNESS? SPEEDIER-THAN-AVERAGE METABOLISMS GET PARTIAL CREDIT, PERHAPS, FOR KEEPING THEM SLENDER, BUT THE FOUR ALSO SHARE SEVERAL DISTINCT THIN-PERSON HABITS:

- They eat the foods they like, so they never feel deprived. Less-satisfying low-cal or low-fat dieter's substitutes do not appear on their menus.
- They're smart about snacking, eating a handful of candy or a couple of cookies—not the whole box or bag—or munching on pretzels, carrots or fruit.
- They drink lots of water during the day, to keep them hydrated and to fill them up.
- They all get a good deal of daily exercise, whether they're sweating it out at the gym or running after small children.
- They're mindful eaters who consciously regulate the amount of food they consume by planning healthy snacks in advance, by keeping "danger" foods at a distance, and by keeping calorie intake in balance with the number of calories they expend exercising.

ECLECTIC EATER



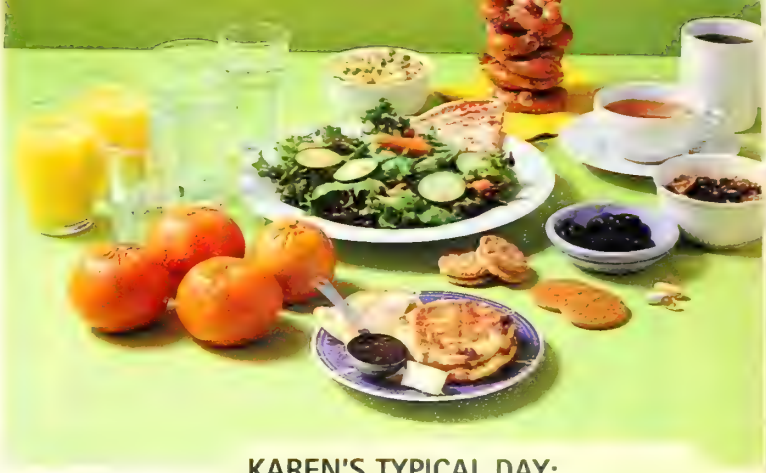
Karen Woods, weighing in at 122 pounds, isn't big on cooking—she likes what's easiest and healthiest best

Karen Woods, 44, Valley Center, CA; 5'6", 122 pounds; married; dental hygienist

"Food isn't that important to me. If someone else is doing the cooking, I'll eat and enjoy it, but I don't like to cook myself. I'm more of a forager—I'll eat whatever is around. For instance, for breakfast I might have a calzone or a handful of nuts or a piece of cake. I only drink water, no soft drinks. And I can count on one hand the number of glasses of wine I drink in a year. I do like sweets, especially chocolates and anything with nuts. Most of my exercise comes from taking care of our eight ıts, three dogs and three horses—and I've never been on a diet."

er skinny secret: "Karen makes conventional food choices," says Welter, she just eats them at unconventional times. That's fine because she does ıt a variety of foods and a generally low-fat diet, which is in balance with ıe moderate exercise she gets. She also plans well—for instance, by snack-ıg on pretzels in the early evening—so she's not ravenous for dinner."

on't try this at home: "For most people, "foraging" is no substitute or cooking. Eating only prepared foods or breakfast-for-dinner meals ill eventually become tiresome, and leads to poor nutrition." ■



KAREN'S TYPICAL DAY: 1,700 calories

4:15 A.M. 2 ginger snaps, 5 prunes, 1 1/2 English muffins, 1/2 pat butter, 1 Tbs. jam, 1 cup coffee with 2 percent milk, 1 cup orange juice with psyllium, 6 oz. water

7:30 A.M. 1 cup tea

Noon 2 cups lettuce salad with 5 slices cucumbers and 5 baby carrots, 2 Tbs. Italian dressing, 1 slice cheese pizza, 4 tangerines, 2 peanut butter Girl Scout cookies, 8 oz. water

5:30 P.M. 5 hard pretzels, 4 oz. water

7:30 P.M. 1/2 cup Grape Nuts, 2 Tbs. raisins, 1/2 cup 2 percent milk, 1 cup rice pilaf with almonds and peas, 6 oz. water

9 P.M. 1 cup orange juice with psyllium, multivitamin, calcium tab, vitamin E



Fine Wrinkles Brown Spots? Roughness?

Ask Your Dermatologist About Renova, From The Makers Of Retin-A.

RENOVA, WITH A TOTAL SKIN CARE PROGRAM, WORKS.

When sunscreens and moisturizers are not enough, ask your doctors about adding RENOVA. RENOVA is unlike any cosmetic wrinkle cream. It is a prescription cream that is proven to work when used in combination with a total skin care program including sunscreens and protective clothing.

Because RENOVA is a prescription cream, you won't find it on any cosmetic shelf, you'll need to see your doctor. And while it won't work overnight, it can work for you.

HOW RENOVA AND RETIN-A ARE THE SAME. AND DIFFERENT.

RENOVA is a rich emollient cream whose active ingredient is a vitamin A derivative like the one naturally occurring in your body. It's called Tretinoin. The same active ingredient in RETIN-A.

But while RETIN-A is formulated for acne-prone skin, RENOVA is a rich emollient cream developed to treat fine wrinkles, brown spots, and surface texture. Leaving your skin with a softer, smoother texture. While not fully understood, researchers believe RENOVA works in the skin to reduce these signs of sun damage.

Like other prescription medications, RENOV has been tested for safety and effectiveness. Whi will *not* eliminate wrinkles, repair sun damaged or reverse the aging process, it is proven to *reduc* fine wrinkles, *fade* brown spots, and *smooth* roug ness.

When you use RENOVA, you can expect to experience some redness, itching, or flaking. Th most often mild, and most common when treatr is started. When using RENOVA, or any cosmet wrinkle cream, you should limit exposure to the and always use a sunscreen.

RENOVA is not appropriate for everyone, so talk to your doctor if you are on other medicatic pregnant or nursing. See attached information fc further explanation on who should or should nc use RENOVA. RENOVA is a skin irritant. Results use beyond 48 weeks have not been established controlled clinical trials. Clinical trials in those o 50 or with moderately or heavily pigmented skir have not been conducted.

Call today for your FREE information and $10 savings.

1-800-64-RENOVA

www.wrinklereport.com

Fine Wrinkles

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents minimal improvement. 64% of patients experienced either minimal(40%) or moderate(24%) improvement. 36% experienced no improvement.

Brown Spots

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents moderate improvement. 65% of patients experienced either moderate(38%) or minimal(27%) improvement. 35% experienced no improvement.

See following page for important information. ***© OPC 1999 04DD3086***

RENOVA®

(tretinoin emollient cream) 0.05%



RENOVA®
(TRETINOIN EMOLLIENT CREAM)
0.05%

RENOVA® (re-NO-vah)
Generic Name: Tretinoin Emollient Cream (0.05%)
FOR TOPICAL USE ON THE FACE ONLY

Patient Information

What is the Most Important Information about RENOVA?

RENOVA is a serious medication. It does not eliminate wrinkles or repair sun-damaged skin. It may help treat fine wrinkles, spotty discoloration, and rough feeling skin, but it does not "cure" these conditions. RENOVA should only be used under supervision of your health care provider as part of a broad skin care program. This program should include avoiding direct sunlight (by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing facial creams that do not contain tretinoin.

You should use RENOVA only at bedtime. Do not use drying skin care products. Use the smallest amount of RENOVA needed and avoid getting it in your eyes, ears, nose or mouth.

WARNING: Do not use RENOVA if you are pregnant or attempting to become pregnant. Avoid sunlight and any other medicines that may increase your sensitivity to sunlight (see below).

RENOVA has not been studied in people who are over 50 years of age or in people with moderately or darkly pigmented skin.

What is RENOVA?
(WHAT CAN I EXPECT FROM RENOVA?)

RENOVA is a serious medication that may help treat but will not "cure" fine wrinkles, spotty skin discoloration, and rough feeling skin.

Studies show that after 24 weeks, about 30% of the people who used RENOVA for fine wrinkles or spotty discoloration had moderate improvement, another 35% had minimal improvement and 35% had no improvement. About 16% of the people who used RENOVA for rough skin had moderate improvement, 35% had minimal improvement, and 49% had no improvement. There is no evidence that RENOVA treats coarse skin, deep wrinkles, yellowing skin, or other skin care problems.

RENOVA should be used as part of a broad skin care program. This program should include avoiding direct sunlight (by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing facial creams that do not contain tretinoin. Many people can achieve desired effects by using this program without using RENOVA. You should not use RENOVA until you have tried a broad skin treatment program without RENOVA.

When you use RENOVA, improvement in fine wrinkling, spotty skin discoloration and rough skin is not immediate and occurs gradually over time. Generally, you may notice some effects in 3 to 4 months. The effects are usually most noticeable at about 6 months with little additional improvement after that time. If RENOVA treatment is stopped, the improvement will gradually diminish.

The safety of using RENOVA daily for more than 48 weeks has not been established.

Who Should Not Use RENOVA?

You should not use RENOVA if you are sunburned or highly sensitive to the sun, if you have eczema, or if your skin is irritated. RENOVA can cause increased skin irritation and increased susceptibility to sunburn.

Since RENOVA may make your skin more sensitive to sunlight, you should tell your health care professional if you are also using other medicines that increase sensitivity to sunlight because you should not be using RENOVA with these medicines. These include but are not limited to: thiazides (used to treat high blood pressure), tetracyclines, fluoroquinolones or sulfonamides (used to treat infection), and phenothiazines (used to treat serious emotional problems). If you are taking any prescription medicines, non-prescription medicines or using any facial creams, check with a health care professional to make sure they do not interact with RENOVA.

Pregnancy Warning: Safe use during pregnancy has not been shown. There are reports of birth defects with laboratory animals and humans that were given tretinoin by mouth. You should not use RENOVA if you are pregnant or trying to become pregnant.

It is not known if RENOVA is passed to infants through breast milk. Safe use in children has not been shown.

The safety and effectiveness of RENOVA for people over age 50 or with darker skin coloration has not been proven.

How Should I Use RENOVA?

You should apply RENOVA to your face once a day before retiring using only enough to cover the entire affected area lightly. Gently wash your face with a mild soap, pat the skin dry, and wait 20 to 30 minutes before applying RENOVA. Apply a pea-sized amount of cream to cover your entire face. You may feel a warmth or slight stinging when RENOVA is first applied.

You must be especially careful when applying the cream to avoid your eyes, ears, nostrils, or mouth. RENOVA may cause severe redness, itching, burning, stinging, and peeling if applied to these areas.

Using larger than necessary amounts of RENOVA will not speed results and can cause an overdose. An overdose can result in red and peeling skin as well as some pain or discomfort.

You may use cosmetics after applying RENOVA. Make sure to clean your face thoroughly before applying RENOVA again.

What Should I Avoid While Using RENOVA?

RENOVA increases your sensitivity to sunlight. Avoid sunlight as much as possible. Use protective clothing and a sunscreen with a minimum SPF of 15. Do not sunbathe or use sunlamps. If you are sensitive to sunlight or have a job that requires you to be out in the sun for long periods, you must use extreme caution.

While using RENOVA, avoid any products that can dry or irritate the skin. For example, avoid products applied to the skin that contain alcohol, spices, or lime. Also, avoid cleansers, hair removal, or other products that can irritate the skin.

What Are the Possible Side Effects of RENOVA?

The most common side effects are skin reactions. Itching, red, and dry skin have been reported. So have burning, stinging, and peeling skin. These are most often mild and are most common when treatment is started.

How Can I Get Additional Information?

This leaflet summarizes the most important information about RENOVA. If you would like more information, talk to your doctor or other health care provider. There is also a leaflet written for health professionals that your pharmacist can provide for you.

DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION
Raritan, New Jersey 08869

ORTHO

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U.S. Patents 4,603,146, 4,423,041 and 4,877,805

Retin-A® (tretinoin)

Cream · Gel · Liquid
For Topical Use Only

PATIENT INSTRUCTIONS
Acne Treatment
IMPORTANT
Read Directions Carefully Before Using

THIS LEAFLET TELLS YOU ABOUT RETIN-A (TRETINOIN) ACNE TREATMENT AS PRESCRIBED BY YOUR PHYSICIAN. THIS PRODUCT IS TO BE USED ONLY ACCORDING TO YOUR DOCTOR'S INSTRUCTIONS, AND IT SHOULD NOT BE APPLIED TO OTHER AREAS OF THE BODY OR TO OTHER GROWTHS OR LESIONS. THE LONG-TERM SAFETY AND EFFECTIVENESS OF THIS PRO[DUCT] IN OTHER DISORDERS HAVE NOT BEEN EVALUATED. IF YOU HAVE ANY QUESTIONS, BE SUR[E ASK] YOUR DOCTOR.

WARNINGS AND PRECAUTIONS

The effects of the sun on your skin. As [with] overexposure to natural sunlight or to artific[ial sources] of a sunlamp can cause sunburn. Overexposure to the sun over many years may cause premature a[ging of the] skin and even skin cancer. The chance of these effects occurring will vary depending on skin type, [exposure] and the care taken to avoid overexposure to the sun. Therapy with RETIN-A may make your [skin more] susceptible to sunburn and other adverse effects of the sun, so unprotected exposure to natural [or artificial] sunlight should be minimized.

Laboratory findings. *When laboratory mice are exposed to artificial sunlight, they often de[velop skin] tumors. These sunlight-induced tumors may appear more quickly and in greater number if the mo[use is] topically treated with the active ingredient in RETIN-A, tretinoin. In some studies, under different c[onditions,] however, when mice treated with tretinoin were exposed to artificial sunlight, the incidence a[nd rate of] development of skin tumors was reduced. There is no evidence to date that tretinoin alone will [cause] development of skin tumors in either laboratory animals or humans. However, investigations in thi[s area are] continuing.*

Use caution in the sun. When outside, even on hazy days, areas treated with RETIN-A should be [protected.] An effective sunscreen should be used any time you are outside (consult your physician for a recomm[endation] of an SPF level which will provide you with the necessary high level of protection). For exte[nded] exposure, protective clothing, like a hat, should be worn. Do not use artificial sunlamps while you [are using] RETIN-A. If you do become sunburned, stop your therapy with RETIN-A until your skin has recover[ed].

Avoid excessive exposure to wind or cold. Extremes of climate tend to dry or burn normal [skin.] treated with RETIN-A may be more vulnerable to these extremes. Your physician can recommen[d how to] manage your acne treatment under such conditions.

Possible problems. The skin of certain sensitive individuals may become excessively red, [swollen,] blistered or crusted. If you are experiencing severe or persistent irritation, discontinue the use of RE[TIN-A and] consult your physician.

There have been reports that, in some patients, areas treated with RETIN-A developed a temporar[y increase] or decrease in the amount of skin pigment (color) present. The pigment in these areas returned [to normal] either when the skin was allowed to adjust to RETIN-A or therapy was discontinued.

Use other medication only on your physician's advice. Only your physician knows which other m[edicines] may be helpful during treatment and will recommend them to you if necessary. Follow the p[hysician's] instructions carefully. In addition, you should avoid preparations that may dry or irritate your sk[in.] preparations may include certain astringents, toiletries containing alcohol, spices or lime, or certain [harsh] soaps, shampoos and hair permanent solutions. Do not allow anyone else to use this medication.

Do not use other medications with RETIN-A which are not recommended by your doctor. The me[dicine] you have used in the past might cause unnecessary redness or peeling.

If you are pregnant, think you are pregnant or are nursing an infant: No studies have been c[onducted] in humans to establish the safety of RETIN-A in pregnant women. If you are pregnant, think you are [pregnant] or are nursing a baby, consult your physician before using this medication.

GELS ARE FLAMMABLE. Note: Keep away from heat and flame. Keep tube tightly closed.

AND WHILE YOU'RE ON RETIN-A THERAPY

Use a mild, non-medicated soap. Avoid frequent washings and harsh scrubbing. Acne isn't caused b[y dirt.] no matter how hard you scrub, you can't wash it away. Washing too frequently or scrubbing too rou[ghly] at times actually make your acne worse. Wash your skin gently with a mild, bland soap. Two or thre[e times a] day should be sufficient. Pat skin dry with a towel. Let the face dry 20 to 30 minutes before [applying] RETIN-A. Remember, excessive irritation such as rubbing, too much washing, use of other medica[tions not] suggested by your physician, etc., may worsen your acne.

HOW TO USE RETIN-A (TRETINOIN)

To get the best results with RETIN-A therapy, it is necessary to use it properly. Forget about the ins[tructions] given for other products and the advice of friends. Just stick to the special plan your doctor has la[id out] you and be patient. Remember, when RETIN-A is *used properly,* many users see improvement by 1 [month.] AGAIN, FOLLOW INSTRUCTIONS – BE PATIENT – DON'T START AND STOP THERAPY ON YOUR [OWN.] YOU HAVE QUESTIONS, ASK YOUR DOCTOR.

To help you use the medication correctly, keep these simple instructions in mind:



- Apply RETIN-A once daily before bedtime, or as directed by your physician. Your physician may advise, especially if your skin is sensitive, that you start your therapy by applying RETIN-A every other night. First, wash with a mild soap and dry your skin gently. WAIT 20 to 30 MINUTES BEFORE APPLYING MEDICATION; it is important for skin to be completely dry in order to minimize possible irritation.

- It is better not to use more than the amount suggested by your physician or to apply more frequently than instructed. Too much may irritate the skin, waste medication and won't give faster or better results.

- Keep the medication away from the corners of the nose, mouth, eyes and open wounds. *Spread away from these areas when applying.*

- *Cream:* Squeeze about a half inch or less of medication onto fingertip. While that should be enough for your whole face, after you have some experience with t[he] cation you may find you need slightly more or less to do the job. The medication should become almost immediately. If it is still visible, you are using too much. Cover the affected area lightly with R[ETIN-A] (tretinoin) Cream by first dabbing it on your forehead, chin and both cheeks, then spreading it [over the] entire affected area. Smooth gently into the skin.

- *Gel:* Squeeze about a half inch or less of medication onto the fingertip. While that should be eno[ugh for] your whole face, after you have some experience with the medication you may find you need sligh[tly more] or less to do the job. The medication should become invisible almost immediately. If it is still visi[ble,] dry flaking occurs from the gel **within a minute or so,** you are using too much. Cover the affect[ed area] lightly with RETIN-A (tretinoin) Gel by first dabbing it on your forehead, chin and both cheeks, then sp[reading] it over the entire affected area. Smooth gently into the skin.

- *Liquid:* RETIN-A (tretinoin) Liquid may be applied to the skin where acne lesions appear, spread[ing the] medication over the entire affected area, using a fingertip, gauze pad, or cotton swab. If gauze o[r cotton] is employed, care should be taken not to oversaturate it to the extent that the liquid would run int[o areas] where treatment is not intended (such as corners of the mouth, eyes, and nose).

- It is recommended that you apply a moisturizer or a moisturizer with sunscreen that will not aggrav[ate] acne (noncomedogenic) every morning after you wash.

WHAT TO EXPECT WITH YOUR NEW TREATMENT

RETIN-A works deep inside your skin and this takes time. You cannot make RETIN-A work any fa[ster by] applying more than one dose each day, but an excess amount of RETIN-A may irritate your skin. Be [careful.]

There may be some discomfort or peeling during the early days of treatment. Some patients also not[ice that] their skin begins to take on a blush.

These reactions do not happen to everyone. If they do, it is just your skin adjusting to RETIN-A a[nd] usually subsides within two to four weeks. These reactions can usually be minimized by following instr[uctions] carefully. Should the effects become excessively troublesome, consult your doctor.

BY THREE TO SIX WEEKS, some patients notice an appearance of new blemishes (papules and pu[stules.] At this stage it is *important to continue* using RETIN-A.

If RETIN-A is going to have a beneficial effect for you, you should notice a continued improvement [in the] appearance after 6 to 12 weeks of therapy. Don't be discouraged if you see no immediate improvemen[t and] stop treatment at the first signs of improvement.

Once your acne is under control you should continue regular application of RETIN-A until your ph[ysician] instructs otherwise.

IF YOU HAVE QUESTIONS

All questions of a medical nature should be taken up with your doctor. For more information about RE[TIN-A] (tretinoin), call our toll-free number: 800-426-7762. Call between 9:00 a.m. and 3:00 p.m. Eastern Time, [Monday] through Friday.

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OW! A Pain In the Side

Just indigestion? Maybe not. A simple ache or pain could also be a warning for appendicitis, ectopic pregnancy or another condition

By Amy Zintl



On Christmas Eve 1998, Shawna Sanford, then thirty-one, thought she had a bad case of indigestion. Although the pain under her ribs was severe, radiating from her right side to her back, it didn't surprise her since she was eight months pregnant with her second child. It lasted a few hours and then subsided, but a dull, numbing ache between her shoulder blades remained. "I have always suffered indigestion and back pain during my pregnancies. I had just eaten, so I thought that's what it must be," she says. Because it was typical of her third-trimester symptoms, she didn't mention it to her obstetrician at her next checkup.

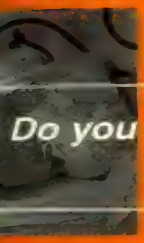
A month later, she delivered a healthy baby boy, but three weeks after the birth, the pain returned. "This time, it kept coming back again and again over the next two days." By the third day, it was constant. That evening, Shawna called her obstetrician, who told her to go to the emergency room. Blood and urine tests and an ultrasound confirmed her doctor's suspicion—Shawna's gallbladder was full of gallstones. On August 27 she had surgery to remove her gallbladder. Today, Shawna is healthy and feeling great. "After the surgery, the pain went away like magic," she says.

Confusing indigestion with a condition requiring surgery is not hard to do when you're talking about pain in your side, experts say. "There are a lot of organs inside the abdomen, and with everything sitting very close together, it's often difficult to determine exactly where the pain is coming from," says internist Redonda Miller, M.D., assistant professor of medicine at Johns Hopkins School of Medicine, in Baltimore. "Problems that cause inflammation in the abdomen will irritate nerves, which are shared with other parts of the body. You can then feel pain in other parts of the body, such as the shoulder."

Of course side pain may be just that—a simple cramp that will pass. But it can signal something awry that could be muscular, urinary, gastrointestinal or gynecological. "When you see a doctor for side pain, be sure you get a thorough workup," advises urologist Kristene Whitmore, M.D., clinical associate professor at MCP Hahnemann University, in Philadelphia. "You need to see someone who will take a complete history; ask about your menstrual cycles, bowel and urinary habits, and any recent weight loss; and do a regular pelvic exam with Pap smear and culture."

Here are some of the most common diagnoses that include side pain as a symptom. Because many of these can result in a trip to the emergency room, it's important to take your pain seriously. *(continued)*

your asthma really under control?



1 Do you wake up short of breath?



2 Does climbing stairs make you wheeze?



3 use a t-acting inhaler more than twice a week?



u answered "yes" to even one of these questions, you may not be the asthma control you could. Ask your doctor about how NT can help control your asthma.

d twice a day, every day, FLOVENT helps reduce the inflammation r airways – the very inflammation that causes shortness of breath, wheezing, and asthma attacks. Because FLOVENT helps control the inflammation that causes asthma symptoms in the first place, it actually helps improve lung function over time. Side effects with FLOVENT are general-



. The most common side effects in medical studies of patients FLOVENT up to 440 mcg twice daily were: headache (17% - 22%), respiratory infection (15% - 22%), nasal congestion (8% - 16%), sore throat (10% - 14%), and influenza (3% - 8%).

Important Information About FLOVENT

FLOVENT won't replace fast-acting inhalers for sudden attacks. It's important to be careful if your doctor switches you to FLOVENT, an inhaled steroid, from an oral steroid like prednisone. While adjusting to the decreasing doses of prednisone, your body is not as able to heal after surgery, infection, or serious injury. Indicated for patients aged 12 years and older. See your doctor if your asthma does not improve.

ASK YOUR DOCTOR whether FLOVENT is right for you.

FloVent 44 110 mcg
(fluticasone propionate) Inhalation Aerosol

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Please see important information on the following page.

GlaxoWellcome

BRIEF SUMMARY

FLOVENT® 44 mcg
(fluticasone propionate, 44 mcg)
Inhalation Aerosol

FLOVENT® 110 mcg
(fluticasone propionate, 110 mcg)
Inhalation Aerosol

FLOVENT® 220 mcg
(fluticasone propionate, 220 mcg)
Inhalation Aerosol

For Oral Inhalation Only

[illegible] for complete product information.

CONTRAINDICATIONS: FLOVENT Inhalation Aerosol is contraindicated in the primary treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required.

Hypersensitivity to any of the ingredients of these preparations contraindicates their use.

WARNINGS

[illegible] transfer from systemically active corticosteroids to FLOVENT inhalation Aerosol because deaths due to adrenal insufficiency have occurred in patients with asthma during and after transfer from systemic corticosteroids to less systemically available inhaled corticosteroids. After withdrawal from systemic corticosteroids, a number of months are required for recovery of hypothalamic-pituitary-adrenal [illegible].

Patients who have been previously maintained on 20 mg or more per day of prednisone (or its equivalent) may be most susceptible, particularly when their systemic corticosteroids have been almost completely withdrawn. During this period of HPA suppression, patients may exhibit signs and symptoms of adrenal insufficiency when exposed to trauma, surgery, or infection (particularly gastroenteritis) or other conditions associated with severe electrolyte loss. Although fluticasone propionate inhalation aerosol may provide control of asthma symptoms during these episodes, in recommended doses it supplies less than normal physiological amounts of glucocorticoid systemically and does NOT provide the mineralocorticoid activity that is necessary for coping with these emergencies.

During periods of stress or a severe asthma attack, patients who have been withdrawn from systemic corticosteroids should be instructed to resume oral corticosteroids (in large doses) immediately and to contact their physicians for further instruction. These patients should also be instructed to carry a warning card indicating that they may need supplementary systemic corticosteroids during periods of stress or a severe asthma attack.

Patients requiring oral corticosteroids should be weaned slowly from systemic corticosteroid use after transferring to fluticasone propionate inhalation aerosol. In a trial of 96 patients, prednisone reduction was successfully accomplished by reducing the daily prednisone dose by 2.5 mg on a weekly basis during transfer to inhaled fluticasone propionate. Successive reduction of prednisone dose was allowed only when lung function, symptoms, and as-needed beta-agonist use were better than or comparable to that seen before initiation of prednisone dose reduction. Lung function (forced expiratory volume in 1 second [FEV_1] or morning peak expiratory flow rate [AM PEFR]), beta-agonist use, and asthma symptoms should be carefully monitored during withdrawal of oral corticosteroids. In addition to monitoring asthma signs and symptoms, patients should be observed for signs and symptoms of adrenal insufficiency such as fatigue, lassitude, weakness, nausea and vomiting, and hypotension.

Transfer of patients from systemic corticosteroid therapy to fluticasone propionate inhalation aerosol may unmask conditions previously suppressed by the systemic corticosteroid therapy, e.g., rhinitis, conjunctivitis, eczema, and arthritis.

Persons who are on drugs that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

Fluticasone propionate inhalation aerosol is not to be regarded as a bronchodilator and is not indicated for rapid relief of bronchospasm.

As with other inhaled asthma medications, bronchospasm may occur with an immediate increase in wheezing after dosing. If bronchospasm occurs following dosing with FLOVENT Inhalation Aerosol, it should be treated immediately with a fast-acting inhaled bronchodilator. Treatment with FLOVENT Inhalation Aerosol should be discontinued and alternative therapy instituted.

Patients should be instructed to contact their physicians immediately when episodes of asthma that are not responsive to bronchodilators occur during the course of treatment with fluticasone propionate inhalation aerosol. During such episodes, patients may require therapy with oral corticosteroids.

PRECAUTIONS

General: During withdrawal from oral corticosteroids, some patients may experience symptoms of systemically active corticosteroid withdrawal, e.g., joint and/or muscular pain, lassitude, and depression, despite maintenance or even improvement of respiratory function.

Fluticasone propionate will often permit control of asthma symptoms with less suppression of HPA function than therapeutically equivalent oral doses of prednisone. Since fluticasone propionate is absorbed into the circulation and can be systemically active at higher doses, the beneficial effects of fluticasone propionate inhalation aerosol in minimizing HPA dysfunction may be expected only when recommended dosages are not exceeded and individual patients are titrated to the lowest effective dose. A relationship between plasma levels of fluticasone propionate and inhibitory effects on stimulated cortisol production has been shown after 4 weeks of treatment with fluticasone propionate inhalation aerosol. Since individual sensitivity to effects on cortisol production exists, physicians should consider this information when prescribing fluticasone propionate inhalation aerosol.

Because of the possibility of systemic absorption of inhaled corticosteroids, patients treated with these drugs should be observed carefully for any evidence of systemic corticosteroid effects. Particular care should be taken in observing patients postoperatively or during periods of stress for evidence of inadequate adrenal response.

It is possible that systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear in a small number of patients, particularly at higher doses. If such changes occur, fluticasone propionate inhalation aerosol should be reduced slowly, consistent with accepted procedures for reducing systemic corticosteroids and for management of asthma symptoms.

A reduction of growth velocity in children or teenagers may occur as a result of inadequate control of chronic diseases such as asthma or from use of corticosteroids for treatment. Physicians should closely follow the growth of adolescents taking corticosteroids by any route and weigh the benefits of corticosteroid therapy and asthma control against the possibility of growth suppression if an adolescent's growth appears slowed.

The long-term effects of fluticasone propionate in human subjects are not fully known. In particular, the effects resulting from chronic use of fluticasone propionate on developmental or immunologic processes in the mouth, pharynx, trachea, and lung are unknown. Some patients have received fluticasone propionate inhalation aerosol on a continuous basis for periods of 3 years or longer. In clinical studies with patients treated for nearly 2 years with inhaled fluticasone propionate, no apparent differences in the type or severity of adverse reactions were observed after long- versus short-term treatment.

Rare instances of glaucoma, increased intraocular pressure, and cataracts have been reported following the inhaled administration of corticosteroids, including fluticasone propionate.

In clinical studies with inhaled fluticasone propionate, the development of localized infections of the pharynx with *Candida albicans* has occurred. When such an infection develops, it should be treated with appropriate local or systemic (i.e., oral antifungal) therapy while remaining on treatment with fluticasone propionate inhalation aerosol, but at times therapy with fluticasone propionate may need to be interrupted.

Inhaled corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract; untreated systemic fungal, bacterial, viral or parasitic infections; or ocular herpes simplex.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see ADVERSE REACTIONS).

Information for Patients: Patients being treated with FLOVENT Inhalation Aerosol should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should use FLOVENT Inhalation Aerosol at regular intervals as directed. Results of clinical trials indicated significant improvement may occur within the first day or two of treatment, however, the full benefit may not be achieved until treatment has been administered for 1 to 2 weeks or longer. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens.

Patients should be warned to avoid exposure to chickenpox or measles and, if they are exposed, to consult their physicians without delay.

For the proper use of FLOVENT Inhalation Aerosol and to attain maximum improvement, the patient should read and follow carefully the accompanying Patient's Instructions for Use.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in studies of oral doses up to 1000 mcg/kg (approximately 2 times the maximum human daily inhalation dose based on mcg/m^2) for 78 weeks in the mouse or inhalation of up to 57 mcg/kg (approximately 1/4 the maximum human daily inhalation dose based on mcg/m^2) for 104 weeks in the rat.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells in vitro. No significant clastogenic effect was seen in cultured human peripheral lymphocytes in vitro or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in rats dosed subcutaneously with doses up to 50 mcg/kg (approximately 1/4 the maximum human daily inhalation dose based on mcg/m^2) in males and females. However, prostate weight was significantly reduced in rats.

Pregnancy: ***Teratogenic Effects:*** Pregnancy Category C. Subcutaneous studies in the mouse and rat at 45 and 100 mcg/kg, respectively (approximately 1/10 and 1/2 the maximum human daily inhalation dose based on mcg/m^2, respectively), revealed fetal toxicity characteristic of potent glucocorticoid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

[illegible] fetal weight reduction and cleft palate were observed following subcutaneous doses of 4 mcg/kg (approximately 1/25 the maximum daily inhalation dose based on mcg/m^2). However, following oral administration of up to 300 mcg/kg (approximately 3 times the maximum human daily inhalation dose based on mcg/m^2) of fluticasone propionate to the rabbit, there were no maternal effects nor increased incidence of external or skeletal fetal defects. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of full prescribing information).

Less than 0.008% of the administered dose crossed the placenta following oral administration of 100 mcg/kg to rats or 300 mcg/kg to rabbits (approximately 1/2 and 3 times the maximum human daily inhalation dose based on mcg/m^2, respectively).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral glucocorticoids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from glucocorticoids than humans. In addition, because there is a natural increase in glucocorticoid production during pregnancy, most women will require a lower exogenous glucocorticoid dose and many will not need glucocorticoid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of 10 mcg/kg/day drug to lactating rats (approximately 1/20 the maximum human daily inhalation dose based on mcg/m^2) resulted in measurable radioactivity in rat milk. Because glucocorticoids are excreted in human milk, caution should be exercised when fluticasone propionate inhalation aerosol is administered to a nursing woman.

Pediatric Use: One hundred thirty-seven (137) patients between the ages of 12 and 16 years were treated with fluticasone propionate inhalation aerosol in the US pivotal clinical trials. The safety and effectiveness of FLOVENT Inhalation Aerosol in children below 12 years of age have not been established. Inhaled corticosteroids have been shown to cause a reduction in growth velocity in children and teenagers with extended use. If a child or teenager on any inhaled corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: Five hundred seventy-four (574) patients 65 years of age or older have been treated with fluticasone propionate inhalation aerosol in US and non-US clinical trials. There were no differences in adverse reactions compared to those reported by younger patients.

ADVERSE REACTIONS: The following incidence of common adverse experiences is based upon 7 placebo-controlled US clinical trials involving 1243 patients (509 female and 734 male adolescents and adults previously treated with as-needed bronchodilators and/or inhaled corticosteroids and treated with fluticasone propionate inhalation aerosol (doses of 88 to 440 mcg twice daily for up to 12 weeks) or placebo.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in US Controlled Clinical Trials in Patients Previously Receiving Bronchodilators and/or Inhaled Corticosteroids

Adverse Event	Placebo (n = 475) %	FLOVENT 88 mcg twice daily (n = 488) %	FLOVENT 220 mcg twice daily (n = 95) %	FLOVENT 440 mcg twice daily (n = [illegible]) %
Ear, nose, and throat				
Pharyngitis	7	10	14	
Nasal congestion	8	8	16	
Sinusitis	4	3	6	
Nasal discharge	3	5	4	
Dysphonia	1	4	3	
Allergic rhinitis	4	5	3	
Oral candidiasis	1	2	3	
Respiratory				
Upper respiratory infection	12	15	22	
Influenza	2	3	8	
Neurological				
Headache	14	17	22	
Average duration of exposure (days)	44	66	64	

The table above includes all events (whether considered drug-related or nondrug-related by the investigator) that occurred at a rate of over [illegible] combined fluticasone propionate inhalation aerosol groups and were more common than in the placebo group. In considering these data, differences in average duration of exposure should be taken into account.

These adverse reactions were mostly mild to moderate in severity, with ≤2% of patients discontinuing the studies because of adverse events. The cases of immediate and delayed hypersensitivity reactions, including urticaria and rash and other rare events of angioedema and bronchospasm, were reported.

Systemic glucocorticoid side effects were not reported during controlled clinical trials with fluticasone propionate inhalation aerosol. If recommended doses are exceeded, however, or if individuals are particularly sensitive, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

Other adverse events that occurred in these clinical trials using fluticasone propionate inhalation aerosol with an incidence of 1% to 3% and more commonly occurred at a greater incidence than with placebo were:

Ear, Nose, and Throat: Pain in nasal sinus(es), rhinitis.

Eye: Irritation of the eyes.

Gastrointestinal: Nausea and vomiting, diarrhea, dyspepsia, and stomach disorder.

Miscellaneous: Fever.

Mouth and Teeth: Dental problem.

Musculoskeletal: Pain in joint, sprain/strain, aches and pains, pain in limb.

Neurological: Dizziness/giddiness.

Respiratory: Bronchitis, chest congestion.

Skin: Dermatitis, rash/skin eruption.

Urogenital: Dysmenorrhea.

In a 16-week study in patients with asthma requiring oral corticosteroids, the effects of fluticasone propionate inhalation aerosol, 660 mcg twice daily (n = 32) and 880 mcg twice daily (n = 32), were compared with placebo. Adverse events (whether considered drug-related or nondrug-related by the investigator) reported by more than 3 patients in either fluticasone propionate group and which were more common with fluticasone propionate than with placebo are shown below:

Ear, Nose, and Throat: Pharyngitis (9% and 25%), nasal congestion (19% and 22%), sinusitis (19% and 22%), nasal discharge (16% and 16%), dysphonia (19% and 9%), pain in nasal sinus(es) (13% and 0%), Candida-like oral lesions (16% and 9%), oropharyngeal candidiasis (25% and 19%).

Respiratory: Upper respiratory infection (31% and 19%), influenza (0% and 13%).

Other: Headache (28% and 34%), pain in joint (19% and 13%), nausea and vomiting (22% and 16%), muscular soreness (22% and 13%), malaise/fatigue (22% and 28%), insomnia (3% and 13%).

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during post-use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, or a combination of these factors.

Ear, Nose, and Throat: Throat soreness and irritation, hoarseness, laryngitis, aphonia.

Endocrine and Metabolic: Cushingoid features, growth velocity reduction in children/adolescents, weight gain, hyperglycemia.

Psychatry: Restlessness, agitation, aggression, depression.

Respiratory: Immediate bronchospasm, asthma exacerbation, dyspnea, wheeze, chest tightness, bronchospasm, cough.

Skin: Pruritus, contusions, ecchymoses.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see PRECAUTIONS, Eosinophilic Conditions).

OVERDOSAGE: Chronic overdosage may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Inhalation by healthy volunteers of a single dose of 1760 or 3520 mcg of fluticasone propionate inhalation aerosol was well tolerated. Fluticasone propionate given by inhalation aerosol at doses of 1320 mcg twice daily for 7 to 15 days to healthy human volunteers was also well tolerated. Repeat oral doses up to 80 mg daily for 10 days in healthy volunteers and repeat oral doses up to 20 mg daily for 42 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, incidences were similar in active and placebo treatment groups. The oral and subcutaneous median lethal doses in rats and mice were >1000 mg/kg (>2000 times the maximum human daily inhalation dose based on mg/m^2).

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

US Patent No. 4,335,121

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ECTOPIC PREGNANCY

about twenty out of 1,000 pregncies, a fertilized egg begins to velop outside the uterus, usually one of the fallopian tubes. Unated, an ectopic pregnancy will pture, leading to severe internal eeding and shock. It is the leading use of pregnancy-related death ıring the first trimester. Women ıo use an intrauterine device (IUD) who have an abnormal fallopian be due to surgery, infection or ior ectopic pregnancy are more ely to have an ectopic pregnancy.

hat it feels like: Crampy pain with nderness on one side of the lower ɔdomen, though it can radiate roughout the abdomen. Pain worsıs with moving the bowels, coughg or body movement and may be milar to the pain of miscarriage, ɔpendicitis and infection of the falpian tubes (sometimes called lvic inflammatory disease, or PID). ther warning signs are vaginal spotting or bleeding and nausea. If the pregnancy ruptures, pain becomes sharp before diffusing throughout pelvic area. You also may faint and have a weak pulse, shoulder pain and clammy skin.

If you have these symptoms: Get to a hospital immediately. "If you have missed a period, or your last period was lighter, shorter, or was just spotting, and you are now experiencing pain, pregnancy should be high on the list," says Yvonne S. Thornton, M.D., clinical professor of obstetrics and gynecology at the University of Medicine and Dentistry of New Jersey, in Newark, and author of *Woman to Woman* (Plume, 1997). A pelvic exam, blood tests, ultrasound or minor exploratory surgery can diagnose an ectopic pregnancy. Immediate removal can prevent life-threatening rupture of the pregnancy or further damage to the fallopian tubes.

ntreated, ectopic pregnancy will ıpture, leading to severe internal eeding and shock

PPENDICITIS

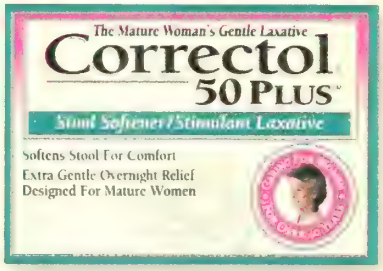
ch year, about one in 500 people suffers from appendicitis. Appendicitis aks during the teens to late twenties, but it can happen at any age. Typilly, the infection is caused by a piece of food or stool from the colon that ts trapped in the appendix.

hat it feels like: The pain usually begins as a vague discomfort around the vel but progresses to severe, sharp pain on the lower right-hand side of your domen. Even slight pressure on the spot will increase the discomfort. Other mptoms include fever, nausea and sometimes vomiting and constipation. A y symptom is the loss of appetite. "I usually ask a patient what her favorite od is," says Miller. "If she says she'd rather die than try to eat, I definitely ink appendicitis."

you have these symptoms: Go to the emergency room. A delay in treatent could allow the appendix to burst and spread the infection to the abmen (a condition called peritonitis). A CT scan or sonogram will probably entify an inflamed appendix, but your doctor may perform exploratory rgery. If appendicitis is the diagnosis, you'll need to have the appendix reoved immediately.



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GALLSTONES

Women are two to three times more likely than men to have gallstones because of pregnancy and the use of birth control pills (the combination pill). Women over age forty who are overweight are also at high risk.

Most gallstones are made of cholesterol. They form when bile, a chemical used in digestion that is stored in the gallbladder, becomes supersaturated with cholesterol. (Cholesterol in the bile isn't related to blood cholesterol.) High estrogen levels during pregnancy cause the body to secrete more cholesterol into the bile.

***What it feels like:** Luckily, 30 to 50 percent of people with gallstones have no symptoms. But when a stone gets stuck in the bile duct, it can cause intense pain on the right side or center of the upper abdomen that may radiate to the back. Other symptoms include nausea and vomiting. These "attacks" often occur after eating a fatty meal, when the body needs bile to aid digestion.*

***If you have these symptoms:** Call your doctor immediately or go to the emergency room. Surgery may remove the gallstones, or sound waves may break them up. If your condition progresses to cholecystitis (an inflammation of the gallbladder), you'll probably need to have your gallbladder removed to prevent the condition from recurring. Because overweight women are at a higher risk, the best way to prevent gallstones is to eat a sensible diet.*

KIDNEY INFECTION

Doctors treat about 375,000 cases of kidney infection each year. The condition is usually caused by a urinary tract infection (UTI) that spreads from the bladder to one (or less commonly both) of the kidneys. Women are uniquely susceptible to UTIs due to basic anatomy—their urethra, which conducts urine out of the body, is short, enabling bacteria to enter the bladder easily—so they are at an increased risk for kidney infections. "If bacteria make it as far as the kidneys, the infection is usually more severe and is more difficult to cure with antibiotics," says Miller.

An untreated UTI often leads to a kidney infection, but sometimes bacteria travel from the bladder so quickly that you may develop a kidney infection before you realize you have a UTI. An injury to the kidney—such as a blow to the back—may trigger the infection. Kidney stones or other conditions that reduce the flow of urine may also increase the risks.

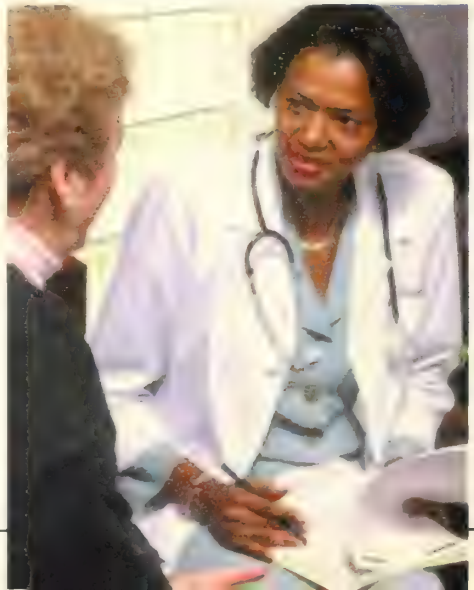
***What it feels like:** Sudden, intense pain on one side of the back, just above the waist, that radiates around the side and to the front. Other symptoms include high fever, difficult urination or the need to urinate often even if your bladder is empty. Urine may be cloudy or tinged with blood.*

***If you have these symptoms:** Call your doctor right away. A urine sample can detect bacteria and white blood cells that reveal a kidney infection. Usual treatment includes ten to fourteen days of antibiotics, bed rest and plenty of fluids. Repeat kidney infections may be a sign of urinary tract problems or other conditions that should be investigated.*

GETTING THE RIGHT DIAGNOSIS

Whether you are in your doctor's office or at the emergency room, being able to describe your side pain and other symptoms accurately is key to diagnosis. Your doctor will need to know:

- **LOCATION** Is the pain in one spot, radiating around your side to your back, or throughout your abdomen or pelvic area?
- **INTENSITY** On a scale of one to ten, how bad is it?
- **FEELING** Is it crampy, sharp, dull or burning?
- **DURATION** When did it start? Is it constant, intermittent, or does it wax and wane?
- **TRIGGERS** Does lying down, eating, walking, menstruation, bowel movement, urination or sex make it worse? Does anything help, such as over-the-counter pain relievers?
- **THE DATE YOUR LAST MENSTRUAL PERIOD BEGAN** Was the flow lighter or heavier than normal, or just spotting?
- **OTHER SYMPTOMS** Do you also have a fever, nausea, vomiting, loss of appetite, blood in your urine, spotting, shoulder pain or feel faint?



DISCOVER DRUG-FREE RELIEF FOR OSTEOARTHRITIS KNEE PAIN.



octor may ask you to temporarily
strenuous activity after treatment.

- **Synvisc** (pronounced "sin-visk") can relieve arthritis (osteoarthritis, or OA) knee pain with just one short course of therapy!
- **Synvisc** therapy is administered into the knee in just 3 doctor visits over 15 days!
- **Synvisc** is not a drug—it is used to treat the knee and only the knee!
- **Synvisc** therapy is like lubrication for your knee and also acts as a kind of "shock absorber" that cushions the joint.
- **Synvisc** can relieve the pain of osteoarthritic knees, helping you to enjoy more comfortable mobility and to return to a more vibrant, active lifestyle!*

Synvisc is generally well tolerated; however, it may not work for everyone. The most commonly reported side effects are temporary pain, swelling, and/or fluid accumulation in the injected knee (about 2% of injections). If fluid accumulation is large or painful, call your doctor. Other side effects, such as rash, have been reported rarely. Advise your doctor if you are allergic to chicken products or your leg is swollen or infected. The results of repeat use have not been established.

Please see additional important patient information on the next page.

For more information, see your doctor or call 1-800-281-9106 for a free booklet and a list of Synvisc® providers near you.

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BRIEF SUMMARY OF PRESCRIBING INFORMATION
This Summary describes Synvisc, a prescription formulation of hylan G-F 20 for knee pain due to osteoarthritis. Please read it carefully. Only your doctor has the training necessary to weigh the benefits and risks of Synvisc therapy for you. Contact your doctor if you have any questions.

WHAT IS SYNVISC?
Synvisc is a viscous and elastic sterile mixture that is made up of hylan A fluid, hylan B gel, and salt water. The two hylans are manufactured from hyaluronan (sodium hyaluronate) that comes from chicken combs. Hyaluronan is a natural chemical found in the body and is present in a particularly high amount in joint tissues and in the fluid that fills the joint. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint, and is needed for the joint to operate properly. In osteoarthritis, there may not be enough hyaluronan, and there may be a change in the quality of the hyaluronan in joint fluid and tissues. Synvisc has comparable viscous and elastic properties to synovial fluid of 18- to 27-year-old healthy human knees. Synvisc is given by a series of injections directly into your knee.

WHAT IS SYNVISC USED FOR?
Synvisc is used to relieve knee pain due to osteoarthritis. It is used for patients who do not get adequate relief from simple painkillers or from exercise and physical therapy. The most pain relief and the greatest amount of treatment success occurred 8 to 12 weeks after Synvisc treatment began.

HOW CAN I GET MORE INFORMATION ABOUT SYNVISC?
If you have any questions or would like to find out more about Synvisc, you may call Wyeth-Ayerst Pharmaceuticals, at 1-800-99-WYETH or fax (610) 964-5999.

CONTRAINDICATIONS
- Do not administer to patients with known hypersensitivity (allergy) to hyaluronan (sodium hyaluronate) preparations.
- Do not inject Synvisc in the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

WARNINGS
- Do not concomitantly use disinfectants containing quaternary ammonium salts for skin preparation because hyaluronan can precipitate in their presence.
- Do not inject Synvisc extra-articularly, or into the synovial tissues and capsule. Local and systemic adverse events, generally in the area of the injection, have occurred following extra-articular injection of Synvisc.
- Intravascular injections of Synvisc may cause systemic adverse events.

PRECAUTIONS
General
- The effectiveness of a single treatment cycle of less than three injections of Synvisc has not been established.
- The safety and effectiveness of Synvisc in locations other than the knee and for conditions other than osteoarthritis have not been established.
- Do not inject anesthetics or other medications into the knee joint during Synvisc therapy. Such medications may dilute Synvisc and affect its safety and effectiveness.
- Use caution when injecting Synvisc into patients who are allergic to avian proteins, feathers, and egg products.
- The safety and effectiveness of Synvisc in severely inflamed knee joints have not been established.
- Strict aseptic administration technique must be followed.
- STERILE CONTENTS. The syringe is intended for single use. The contents of the syringe must be used immediately after its packaging is opened. Discard any unused Synvisc.
- Do not use Synvisc if package is opened or damaged. Store in original packaging (protected from light) at room temperature below 86°F (30°C). DO NOT FREEZE.
- Remove synovial fluid or effusion before each Synvisc injection.
- Synvisc should be used with caution when there is evidence of lymphatic or venous stasis in that leg.

Information for Patients
- Provide patients with a copy of the Patient Labeling prior to use.
- Transient pain, swelling, and/or effusion of the injected joint may occur after intra-articular injection of Synvisc. In some cases, the effusions may be considerable and cause pronounced pain; cases where swelling is extensive should be discussed with the physician.
- As with any invasive joint procedure, it is recommended that the patient avoid any strenuous activities or prolonged weight-bearing activities such as jogging or tennis following the intra-articular injection.
- The safety and effectiveness of repeat treatment cycles of Synvisc have not been established.
- The packaging of this product contains dry natural rubber latex.

Use in Specific Populations
- **Pregnancy:** The safety and effectiveness of Synvisc have not been established in pregnant women.
- **Nursing mothers:** It is not known if Synvisc is excreted in human milk. The safety and effectiveness of Synvisc have not been established in lactating women.
- The safety and effectiveness of Synvisc have not been established in children.

ADVERSE EVENTS
Adverse Events Involving the Injected Joint
Clinical Trials
A total of 511 patients (559 knees) received 1771 injections in seven clinical trials of Synvisc. There were 39 reports in 37 patients (2.2% of injections, 7.2% of patients) of knee pain and/or swelling after these injections. Ten patients (10 knees) were treated with arthrocentesis and removal of joint effusion. Two additional patients (two knees) received treatment with intra-articular steroids. Two patients (two knees) received NSAIDs. One of these patients also received arthrocentesis. One patient was treated with arthroscopy. The remaining patients with adverse events localized to the knee received no treatment or only analgesics.
Postmarket Experience
The most common adverse events reported have been pain, swelling and/or effusion involving the injected knee. In some cases, the effusion was considerable and caused pronounced pain. In some instances, patients have presented with knees that were tender, warm and red. It is important to rule out infection or crystalline arthropathies in such cases. Synovial fluid aspirates of varying volumes have revealed a range of cell counts, from very few to over 50,000 cells/mm³. Reported treatments have included symptomatic therapy (e.g., rest, ice, heat, elevation, simple analgesics and NSAIDs) and/or arthrocentesis. Intra-articular corticosteroids have been used when infection was ruled out. Patients have rarely undergone arthroscopy or other procedures. These events generally abate within a few days. Clinical benefit from treatment may still occur after such reactions.
Intra-articular infections did not occur in any of the clinical trials but have been reported only rarely during clinical use of Synvisc.

Other Adverse Events
Clinical Trials
In three concurrently controlled clinical trials with a total of [illegible] who received Synvisc and 110 patients who received either [illegible] arthrocentesis, there were no statistically significant differences in numbers or types of adverse events between the group of patients who received Synvisc and the group that received control treatment. Systemic adverse events occurred in 10 (2.0%) of the Synvisc patients. There was one case each of rash (thorax and back) and itching of the skin following Synvisc injections in these studies. These symptoms did not recur when these patients received additional Synvisc injections. The remaining generalized adverse events were calf cramps, hemorrhoid problems, ankle edema, mus[illegible] tonsillitis with nausea, tachyarrhythmia, phlebitis with varici[illegible] low back sprain.
Postmarket Experience
Other adverse events reported include: rash, hives, itching, fe[illegible] headache, dizziness, chills, muscle cramps, paresthesia, periph[illegible] malaise, respiratory difficulties, flushing and facial swelling. [illegible] been rare reports of thrombocytopenia coincident with Synvi[illegible] (Adverse events reported only in worldwide postmarketing e[illegible] not seen in clinical trials, are considered more rare and are [illegible]

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This Brief Summary for Direct-to-Consumer advertising is b[illegible] current Synvisc Physician Insert, CI 6182-1, Revised May 14[illegible]

Developed and manufactured by Biomatrix

Marketed and distribu[illegible] WYETH-A LABORAT Philadelphia

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A PAIN IN THE SIDE
Continued

OVARIAN CYSTS

Cysts, fluid-filled sacs that form on the ovaries, are very common in women of childbearing age. Most cysts go unnoticed and present no problems, but abnormal cysts, those that are very large, bleed, burst or cause an ovary to twist (called torsion), can result in delayed, irregular or painful periods.

What it feels like: Abnormal cysts can bring on dull ache, pressure on the abdomen, pain during sex, or firm, painless swelling in the lower abdomen. A torsion of a cyst cuts off blood flow to the ovary and causes severe abdominal pain on one side, usually at the middle of a menstrual cycle.

If you have these symptoms: Because the pain can be similar to that of ectopic pregnancy, get medical attention right away. To diagnose ovarian cysts, a doctor will do a pelvic and rectal exam and blood tests to check for pregnancy and blood count. A low count (anemia) could indicate internal bleeding from a ruptured cyst. Treatment for ovarian cysts depends on the severity of the symptoms. Oral contraceptives can prevent new ones from forming. Some patients may require surgery to remove the cyst, untwist the ovary to restore blood flow or, in severe cases, remove the ovary. If you know you hav ovarian cysts, see your gynecologist regularly to check them and screen for malignancies. In some cases, cysts may be associated with infertility.

Amy Zintl is a frequent contributor to Ladies' Home Journal.

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STAR Power

Star Jones, co-host of *The View*, unloads her opinions about everyone from President Clinton to Oprah

By Jim Jerome

Q: Why did your mother name you Starlet?

A: She thought my eyes twinkled. Star Jones is a perfect television name. I could also be a stripper.

Q: In your 1998 memoir, *You Have To Stand For Something Or You'll Fall For Anything* [Bantam], you urge women to "shake things up." How do you do that?

A: I'm not afraid to voice unpopular positions. I was once asked if I was comfortable with Clinton's [sexual] behavior. I am not. But I don't choose my leaders for comfort. I seek leadership from my president, and in that way, I'm satisfied with him.

Q: What other unpopular views do you hold?

A: I own a few fur coats. I'm not afraid to say it.

Q: What is the most controversial stance you've ever taken on *The View*?

A: It's not popular for a woman to say she isn't interested in having children. My fulfillment does not require me to bring forth life. And a lot of viewers were shocked.

Q: Is chemistry a must in a romantic relationship?

A: Oh, definitely. If you can't kiss, honey, we're not going to find out much more. There are other requisites too, like, please don't be short. Handsome doesn't hurt. Good dental hygiene—a must. And if your shoes are not good, I won't go out with you.



"I don't define success as sitting next to Barbara Walters"

Q: I hear you have a shoe fetish that rivals that of Celine Dion.

A: She's got me beat. Men just don't get it. We *obsess*. I need a twelve-step program.

Q: You were a lawyer before you hit TV. What made you a good prosecutor?

A: Compassion, which is why I'm still involved with victims' rights. Crime touches people in a very personal way. One of my sorority sisters from American University and her eight-year-old daughter were brutally murdered in their own home by two drug addicts.

Q: What was your courtroom style?

A: I would steal lines from *L.A. Law*. I once did this argument that Susan Dey had done and one of my judges said, "Miss Jones, approach the bench." And the judge said, "Miss Jones, I saw that episode."

Q: What is it like working with Barbara Walters?

A: A lot of times women see other women as competition. Barbara is complimentary and sees you as an extension of her.

Q: What do you think of Oprah?

A: We met for the first time in 1998, and she said, "Girl, you say exactly what's on your mind. I love that."

Q: What are your weak points?

A: I'm a complete control freak. I don't like practical jokes. And if you cross me, I'm the world's worst enemy.

Q: You talk about body image for women who are not 120 pounds. What about your own sense of physical comfort?

A: Someone once wrote that I was one of the prettiest full-figured women on TV. And I thought, What the hell does full-figured have to do with it?

Q: What makes you feel sexy?

A: Perfume. Quelques Fleurs, by Houbigant. Love it. And making my point and winning a debate probably more than anything.

Q: What if you woke up one day and were no longer on TV?

A: Plan B is called a law degree. I don't define success as sitting next to Barbara Walters and wearing designer evening gowns. Success for me was passing the bar on the first shot. I have the life of a television celebrity. [laugh] But the heart of a trial lawyer. ■



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Crossing A BRIDGE

At forty-three, Paula Hennessey lost not only the man she loved, but her financial security, too. Now she is slowly building a new life for herself and her sons

By Cynthia Hanson



On special occasions, Paula, Christopher and David release balloons in Bill's memory

It's a typical Sunday at the Hennesseys' suburban Chicago home. Christopher, eleven, is idly channel-surfing in the cozy den. The phone rings every five minutes for fifteen-year-old David. Their mother, Paula, is tidying up the kitchen.

The only thing missing from this happy scene is a father. It's a loss the family has felt keenly for the past five years. "At the time Bill died, everything was falling into place," Paula says. "Then it was over before I could say good-bye."

Paula's world collapsed just days after her forty-third birthday, when she became one of the more than 11 million widows in the United States, 3.7 percent of whom are under forty-five.

Paula's household income was wiped out. But the emotional cost has been far greater. "I'm very aware that I walk alone now," she says softly. "Even though Bill and I said, 'Till death do us part,' I didn't think it would ever happen."

A HOUSE, A BABY

As a child in her working-class Chicago neighborhood, Paula loved playing school. The game became reality after college, when she was hired to teach eighth grade at a parochial school. "I love it because no two days are alike," says Paula, petite and strikingly youthful, with a cascade of black curls and a wide smile.

In the summer of 1979, Paula, then teaching at a private high school, met Bill Hennessey, a laid-back English instructor with hazel eyes and an athletic build. She already had a boyfriend, but four months later, when they met again at a teachers' dinner, they started dating. "Bill was more cultured than anyone I'd dated," says Paula, remembering all the concerts and plays he took her to. "He also wasn't afraid to show his emotions. He could bark orders on the football field, but he could get misty-eyed over classical music, too."

In 1982, the couple married in a traditional Catholic ceremony. With in eighteen months, Paula was expecting her first child. She quit her job, and they scraped together a down payment on a small house. Then one day, everything turned upside down. During a Lamaze class, the instructor commented that Bill's left eye was bloodshot. Bill confessed to Paula that he had recently been noticing spiral patterns in his peripheral vision. A doctor's appointment revealed the worst: An intraocular malignant melanoma—a rare form of (continued)

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The family's final summer together; Paula and Bill's 1982 wedding; in 1993, Bill and the boys cut their last Christmas tree, a family tradition. Bill died the following fall

(continued) cancer—was causing his retina to detach.

No one knows why Bill was stricken. His best option: undergoing experimental radiation treatments that were then being conducted in Boston. Bill was hospitalized for three months while he received the intensive treatment.

At Bill's six-month checkup, the news was good: The melanoma had not spread. But what the doctor told Paula afterward would haunt her for years: "He's strong and has a good chance. But I can't tell you that cancer won't kill your husband."

THE TIME BOMB TICKS

As new parents, Paula and Bill struggled to live on his $18,000 salary. Paula faced emotional pressure, too. From medical journals, she learned that melanoma can be a silent predator, resurfacing unexpectedly and then attacking with a vengeance.

The Hennesseys kept life as normal as possible, going ahead with their plans to have a second child. Within two years of Christopher's birth, Bill landed a more lucrative teaching job.

To avoid frightening their sons, the Hennesseys never disclosed Bill's illness: "We explained that Daddy had a problem, and that's why he saw the doctor every few months." Bill himself refused to allow Paula to get upset. Through nearly ten years of good health for Bill, Paula was terrified the cancer might return. "I felt that a time bomb was ticking in my house," she says. She was right. By the spring of 1994, a routine blood test revealed malignant masses on Bill's liver. They could be stabilized with chemotherapy, but there was no cure. He told the doctors, "I have two young sons. I need more time. You have to do something."

One day that September, Bill couldn't stop vomiting. Doctors said the tumors were bleeding—a common occurrence in cancer patients—and sent him home with painkillers, believing the blood would clot.

That night, Bill's liver hemorrhaged. He died the next night, with Paula and his parents by his side.

GOING IT ALONE

Consumed by grief, depression and fear, Paula removed her wedding ring and put away her wedding photos within a week. But she refused to become paralyzed. Shortly after the funeral, she wrote her first will, sold their second car for $4,000 to pay bills, and applied for a substitute-teaching spot. Then she consulted a personal-finance expert to help her invest the insurance money and convert Bill's $76,000 lump-sum pension into an IRA.

Paula created a three-year survival plan for herself, which gave her focus and reduced the stress. For the first year, her chief priority was to provide stability for her sons—and that meant keeping the house, even if she had to sell all the furniture.

Fortunately, it didn't come to that. Paula met her living expenses with the benefits that she and the boys get from Social Security. Of the money she received from Bill's three insurance policies, she spent $10,000 on the funeral and deposited $5,000 into savings, putting the rest in *(continued)*

SMART MONEY MOVES

The first year after a husband's death can be the hardest financially. Here, tips for staying fiscally secure.

- **Don't rush into anything.** "Your judgment may be clouded," cautions Sherry Ofsanik, a bereavement counselor at the Hospice of Northeastern Illinois, in Barrington. "Try to stall decisions [selling the house, making big investments] for at least a year."
- **Set financial goals before consulting a planner.** Says Joyce Ward, author of *Finding Your Financial Freedom: Every Woman's Guide to Success* (Dearborn Publishing, 1997), "Know what you want and need. Then ask the adviser how to get there."
- **Invest conservatively.** The first year of widowhood is no time to plunge into day trading. "Insurance money isn't spending money," says Ward. "It should be invested as income through CDs and treasury notes." —C.H

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"Even though Bill and I said, 'Till death do us part,' I didn't think it would ever happen," says Paula

(continued) relatively safe investments like CDs and blue-chip stocks and using the dividends to cover other fixed expenses.

As the first anniversary of Bill's death approached, Paula entered phase two of her plan: finding a full-time job. Her per-day salary as a substitute teacher barely paid the bills.

In the fall of 1995, Paula was hired as a teacher's aide at a local junior high. In March 1996, she filled a midyear opening in the English department; six months later, she accepted a regular staff position.

Her finances stabilized and self-esteem restored, Paula's plan for the third year was to find new friends. After Bill died, most of her entire social circle vanished; in fact, she has not seen most of their "couple friends" since the funeral. "I thought we were close," she says. "I guess the implication is, 'We were Bill's friends, not yours.' "

Paula attended night school to earn her master's degree in education, using money from a recent inheritance, and she made new contacts easily. Now she has a group of women friends including her classmates, whom she sees often, and her neighbors.

Helping her sons adjust to their new life has been one of the hardest parts of the loss. After the funeral, David's grades slipped. He got into a fight on the school bus. Christopher's nightly prayers turned from devout to bitter: "Hail Mary, full of grace—you did a lousy job."

Though the boys saw a psychologist, Paula decided that they needed help as a family, so six months after Bill's death, they joined a support group for young widows and their children. Paula also sent the boys to a summer bereavement camp for children who have lost a loved one, and David found it so helpful that he went on to become a counselor.

The other widows in the support group showed Paula how far she'd come—and how far she still had to go. "I wanted somebody to say, 'Once you reach this point, you'll be fine,' but they said, 'Don't kid yourself. It will be hard after a year, after eighteen months, after two years.' "

But the changes in Paula's life transcend financial and social struggles. Knowing that time is precious, she urges her married friends to go on dates with their partners as often as they can. "I regret that we didn't spend more time being husband and wife," she says. "We figured that we'd rekindle the romance after the boys were grown."

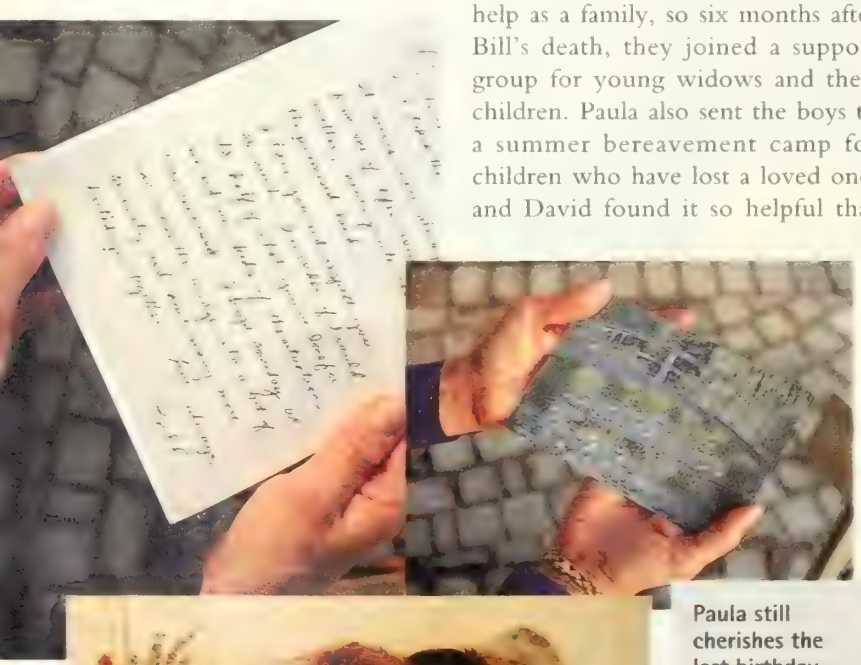
In August 1998, Paula joined a dining club for professional singles. The following July, she hit it off there with a man for the first time since becoming a widow—a teacher and divorced father. They've been dating ever since.

Despite this turn of events, however, Paula is still a single parent, and she views this as her toughest challenge. As the boys' problems become more complex, she longs for Bill's presence and support. "Raising them alone is an awesome responsibility," she says. "Even though things are better, I'll still see ripple effects of their suffering such a terrible loss at such a young age."

Days before his death, Bill had given her a birthday card that featured a well-known Monet painting of a bridge. The message inside was prophetic: "We always seem to be crossing a bridge from one experience to another. I don't know if I could do what you've done if the situation had been reversed."

A year later, Paula bought a framed poster of that painting. "Since Bill died, I've been crossing the bridge to independence," she says. "And I know that he's proud of me." ■

Cynthia Hanson is a frequent contributor to Ladies' Home Journal.





Paula still cherishes the last birthday card Bill gave her. She and her sons talk about him often, though they are moving on

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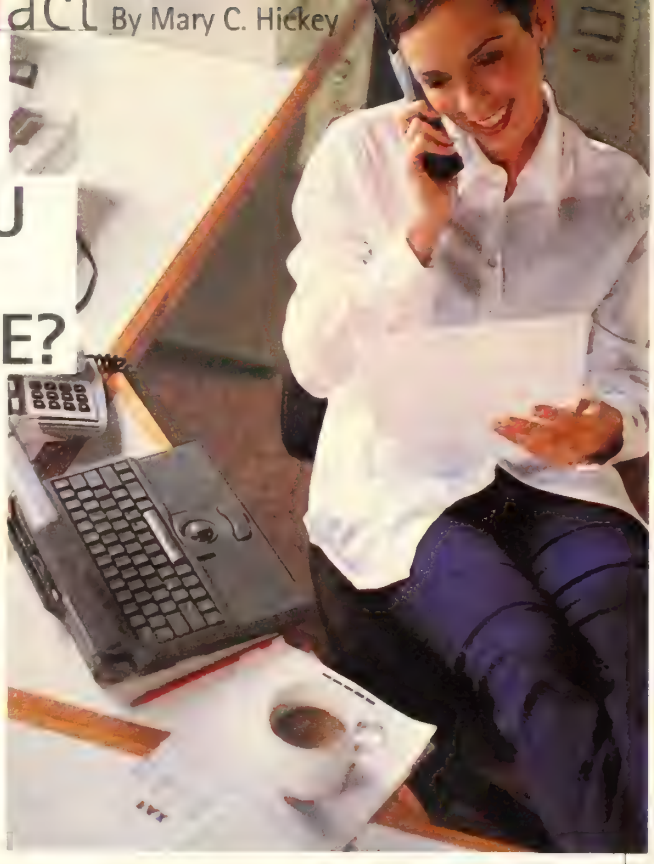
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CAN YOU WORK AT HOME?

There's a lot about working at home that sounds appealing: no commute, no nine-to-five routine, wearing sneakers and sweats instead of heels and suits. But should the opportunity arise, would you be suited to self-employment? Take this true-false quiz to find out



1. I am good at managing my time. T/F
2. I know that working at home would not eliminate my need for child care. T/F
3. I have the space in my house or apartment for a separate work area. T/F
4. I have a solitary work style. T/F
5. I could motivate myself to work on gorgeous days when other mothers are with their kids at the park. T/F
6. I could easily live without office gossip, lunches with colleagues and the support of co-workers. T/F

SCORING: Give yourself one point for each true answer. If your score is:
TWO OR LESS: Don't quit your day job. Your expectations about working at home may not be realistic and you may be the type who thrives in an office environment.
THREE OR FOUR: If you've scored in this range, you have most of the key qualities to succeed. But you may need to compensate for certain shortcomings. For example, if you'd miss office camaraderie, you'll need to join a networking group for home-based workers.
FIVE OR SIX: Go ahead and tender your resignation today!

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CHORE: Buy stamps
WEB SITE: *www.stampsonline.com*
WHAT IT DOES: Allows you to order stamps from the U.S. Postal Service and have them shipped to you (by Priority Mail for $1), which can save you from having to wait in line at the post office.

CHORE: Organize a family gathering
WEB SITE: *www.familypoint.com*
WHAT IT DOES: Allows you to communicate with your entire extended family in a single E-mail message or by setting up a private chat room. (Will also E-mail you a reminder of family events, birthdays, etc.)

CHORE: Order takeout
WEB SITE: *www.food.com*
WHAT IT DOES: Links you with neighborhood restaurants and displays takeout menus. You can order online before leaving work so food will be ready for pickup on your way home.

MY BALANCED LIFE
SHARING A JOB

VITAL STATS: Sue Halliday, 39, of Lincolnshire, Illinois, a married mother of two sons, ages 9 and 2.
POINT A: She used to work full-time in a high-level financial management job. Then she decided she wanted more time with her family.
POINT B: Now she shares an even higher-level job—a division director of finance—with Mary Lou Merryman, 40, another married mother of two sons.



GETTING FROM POINT A TO B: After discussing their mutual career goals, Halliday and Merryman decided to pitch themselves as a "package deal." They wrote a joint résumé, applied for a job that had been posted, interviewed as a team and were hired. After a few years, they were promoted to the director position.
LOGISTICS: Merryman works Monday, Tuesday, Wednesday and a half day on Thursday. Halliday works Wednesday, Thursday, Friday and every other Tuesday. Each is paid 75 percent of the job's salary and gets pro-rated benefits. (The position was redefined as a job-and-a-half.)
WHAT SHE GAINED: A day or two off every week to be with her kids or deal with household chores. Also: The ability to keep her career on an upward track while working a reduced schedule. "I'm not sure I could have remained at this level in a part-time position," Halliday says.

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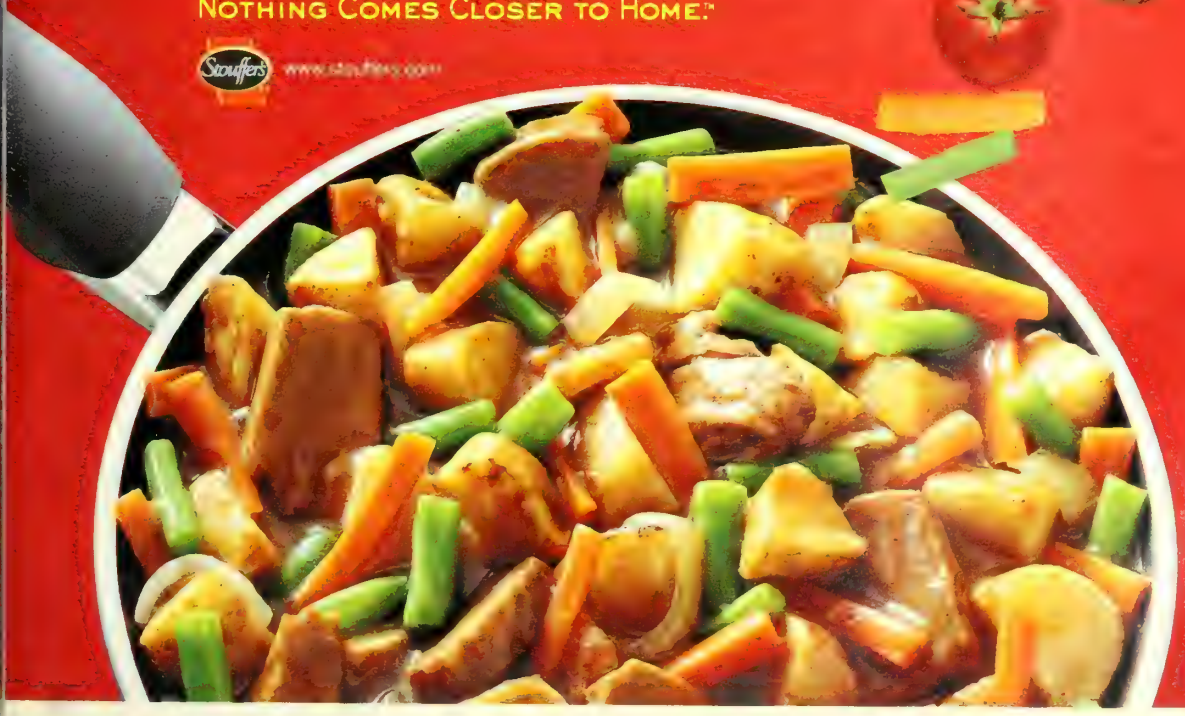


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The GOOD Daddy

Today's employers call themselves family-friendly, and for women, that's increasingly true. But men are still expected to make work their top priority. Here, the stories of a few courageous fathers who are risking their careers to stand up for their families—and overturn society's double standard

By Suzanne Braun Levine



Dads climbing the corporate ladder often find they're held back for being openly committed to their kids

Matt, a thirty-eight-year-old father of twins and an attorney at a small law firm, has become a worry to his boss, Jeff. Although Matt works hard, "he just takes off in the afternoons, like to go to his three-year-olds' birthday party," says Jeff, a senior partner who prides himself on having created a family-friendly environment, where no one works weekends or stays late. "Why can't he and his wife schedule these things for five o'clock instead of three?" When asked whether he would resent the same behavior on the part of a female employee, Jeff acknowledges that he has different expectations for a working father than for a working mother.

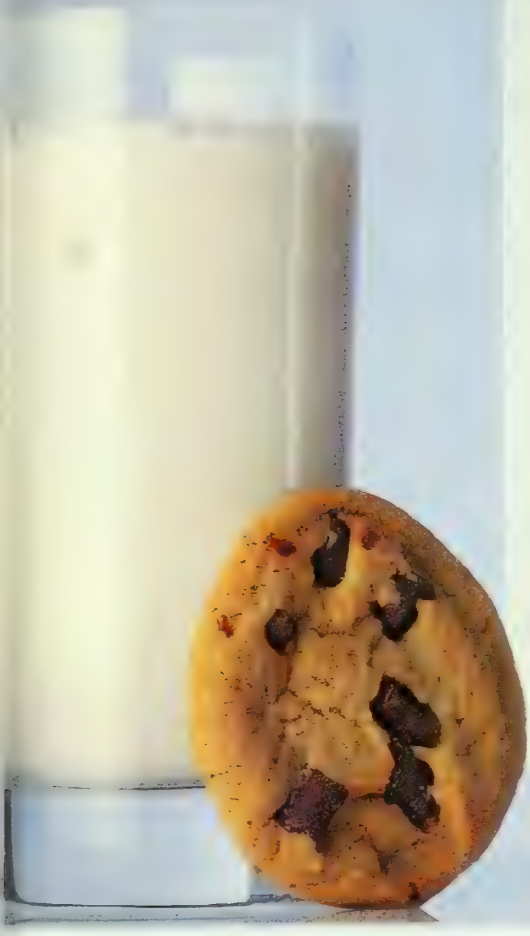
He's not alone. Employers say they are becoming more family-friendly; in fact, according to a recent report by the Families and Work Institute, a New York City–based organization that studies workplace issues, some 56 percent of 1,057 companies say that they offer "employee assistance programs to help workers deal with problems that may affect their personal lives." But men are less likely than women to avail themselves of these opportunities. Those in the know pass the word that it's better to call in sick than to take a "family day." Or, when a child is born, it's smarter to take vacation days than paternity leave.

Surely employed fathers are entitled to the same options a working mothers The few men an countless women who take advantag of flextime, job shar ing and other benefit know that their deci sion may slow thei careers. But wome can count on respect if not support, fo their choices; me cannot.

For a man, it's stil professionally risky t behave in any way that suggests tha work is not the top priority. This puts the working father in dark and lonely place that's difficult to escape from because it's solitary confinement. There aren't many accounts of life behind the wall of silence, where men keep their real priorities, because anyone who wants to be a father "on company time" quickly learns that he can do so only by flying below the radar. The good news is that there are more and more dedicated dads working and living in a wide range of circumstances.

James Levine, founder and director of the Fatherhood Project, an organization in New York City that tracks the experiences of fathers at work, has become an expert in luring them out of the woodwork. Increasingly, he is being asked to advise employers who want to convince *(continued)*

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(continued) mistrustful employees that they're committed to family concerns. The first thing Levine does at a company is to announce a meeting of fathers to discuss work/family conflicts. The response is enlightening. Many of Levine's clients have little sense of how the fathers in their organizations are struggling until they learn that the meeting is oversubscribed within hours. And the fathers are just as surprised by the turnout; each thought he was alone in his dilemma. Not only is he not alone, he is part of a revolution—the same revolution that brought so many women into the workplace. The problems today's fathers confront are, in fact, part of a larger political, social and economic landscape that is limited by outdated expectations for men and women and tilted against the needs and realities of family life.

ALL WORK, ALL THE TIME

Giant strides in telecommunications, once touted as creating more time for family, have instead made the "24-7" (twenty-four hours, seven days) workweek possible. I recently heard a young, energetic investment analyst rave about his electronic workplace: What appeals to him most is that, since the world economy is always open for business, he can stay plugged in every day—even from home. "With all the new technology," he announced, "I can now spend more of my weekends with my family!" His family may have a different opinion, though, as he plunks away on his laptop and juggles overseas conference calls on weekends.

Another source of family disruption is business travel, a requirement of a growing number of jobs. Ralph works for a major computer publishing company, where dress is casual and the policy is family-friendly. Nonetheless, the business is international and the travel unrelenting. Last year he was in Sri Lanka on his daughter Tillie's fourth birthday; she was so disappointed that he promised to be at her fifth birthday party, no matter what. Ralph alerted his boss to that commitment months in advance. Then something came up—an important management conference. Ralph reminded his boss that he couldn't go. His boss was sympathetic (he has young kids, too) but insistent. "Why don't we send your family?" he offered. "Wouldn't that be a great birthday present?" Well, not really. Not to a five-year-old who wanted a real birthday party, with favors and friends and cake *and* Daddy.

> "I've yet to hear a man say 'I want to work from home to care for the kids,'" says a personnel manager

Over the next few weeks, tension between Ralph and his boss rose as they tried to resolve the impasse. The story has a happy ending: A subordinate went to the conference, and Ralph attended the birthday party. But the amount of energy and conflict that went into settling the question of a single birthday party testifies to the intransigence of business travel. Not surprisingly, all the women at Ralph's company had opted out of his travel-intensive career track.

TAKING A STAND

Ralph was lucky. Typically, when good intentions conflict with business considerations, work wins out. That's what Conrad, a human-rights activist, discovered when he took a job with the understanding that "I will work forty-five hours a week, and you will get superlative effort and ability in those hours." Four years later, he's concluded that "the deal was bull."

As he sees it, "They wanted to hire me, so they said, 'Sure, we're a family-friendly workplace. Nobody works crazy hours here.'" But as the organization grew and prospered, more traditional measures of productivity clicked in. "If somebody is prepared to give you fourteen hours a day and someone else will give you nine, you're going to take the fourteen."

Conrad also noticed another kind of bull—the fourteen-hour day disguised as nine: "My boss has two kids about the same age as mine. He doesn't stay late. But at eight-thirty the next morning, he's got a stack of memos and letters to prove that he works till midnight every night."

Conrad tries to "do unto others" when hiring subordinates. "The first thing I say is, 'Don't look at your watch at five thirty-one to see if I'm noticing that you're still here. If you need to go home, go home.' But in terms of stamping that philosophy on the institution, forget it."

If Conrad, the human-rights activist, isn't ready to take on the system, who is?

Carl is an intriguing example of someone who knows how to play the duck-and-feint game. As a human-resources manager, he sees family pressures both professionally and personally. When his son was born, Carl's priorities shifted. Work and money took a backseat to being home with his son. "If that means I'm not going to get as high up the chain as I would have otherwise, so be it," he says.

Does he take advantage of the family-friendly programs that he offers other employees? Not really. Nor do the men he counsels. "I've yet to hear a man say 'I want to work from home to care for the kids,'" he says.

Carl has been able to *(continued)*

look younger
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tailor his schedule to family obligations without appearing to. Because he travels to his organization's outlying branches, he has some flexibility—and some invisibility. "On Friday, I'm at a site that's five minutes from my house. I have told my assistant to avoid scheduling meetings after three o'clock, so there's less chance that I'll be late for what I call my second job: my six o'clock commitment to my son."

Carl had to attain seniority to be able to design such a schedule and even so, he admits, "I definitely look over my shoulder as I'm walking out the door at five or five-thirty, because everyone else is still working."

Well, not *everyone*. It only looks that way to the guilty few. "There are some people in similar situations," Carl concedes. "We're like Alcoholics Anonymous; you never identify who you are, but everyone knows you."

If Carl, the human-resources manager, won't take advantage of family-friendly policies, who will?

STEPPING OFF THE FAST TRACK

Nick has created his own family-friendly work environment without benefit of company policy or subterfuge. His blend of family and work commitments is typical of a working mother's. "You just have to be ultra-efficient," he explains. "I never stop working throughout the day. I eat lunch at my desk and answer my E-mail." And when Nick has squeezed the maximum work into the given time frame, he leaves. Nick empathizes with women on the so-called Mommy Track. "I understand that you can't be at the top—at least for a time."

Some men, unable to incorporate family time into their workdays, are simply forced to change jobs or careers. By the time Brian, thirty-six, graduated from college, he was married and a father. Two years later, he set out on a fast-paced career in finance. When his son and daughter were little, he worked long days and weekends. That went on for ten years—until he got a call from the guidance counselor at his son's school. "He said, 'I'm really fond of your son, but he's starting to hang out with kids who are having behavioral problems.'

"I was kind of shocked," Brian admits. "I said, 'What can I do?' And he gave me the best piece of fatherly advice I've ever gotten: 'Spend time with your son.'" To do that, Brian knew he had to change his work life. It wasn't easy to find a more forgiving job, but he finally ended up at a very low-key financial operation run by an older and understanding friend.

Brian's relationship with his son didn't improve overnight. "Billy was resentful and angry that I had ignored him," he says. Brian's family had to make financial sacrifices, such as staying in a small apartment while their friends were buying houses. But Brian has come to see his dream of having it all in sequential terms. "I was young enough to say, I'll spend five years with the kids and then I can pursue my next career."

CHANGING THE RULES

Slowly, employers are being forced to recognize the needs of the working father. According to Ellen Galinsky, president of the Families and Work Institute, "When we first started doing focus groups, the men and women sounded very different. If the men complained at all about long hours, they complained about their wives' complaints. Now, if the timbre of the voices were disguised, I wouldn't be able to tell which is which. The men are saying: 'I don't want to live this way. I want to be with my kids.' I think the corporate culture will have to begin to respond to that." But first, the voices in Galinsky's focus groups need to go public.

Where are the men who are willing to stand up for our families the way their forefathers stood up for our country? They're out there, and they will find each other—if not in protest marches, then in the quick-getaway corners of company parking lots. As they stand up, they will be counted. And leaders will emerge—if not because they have the courage to speak out, then because they have the power to change the rules. ■

RIMADYL®
(carprofen)
Caplets/Chewable Tablets
Non-steroidal anti-inflammatory drug
For oral use in dogs only

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: Rimadyl (carprofen) is a non-steroidal anti-inflammatory drug of the propionic acid class that includes ibuprofen, naproxen, and ketoprofen.

INDICATIONS: Rimadyl is indicated for the relief of pain and inflammation associated with osteoarthritis in dogs.

CONTRAINDICATIONS: Rimadyl should not be used in dogs exhibiting hypersensitivity to carprofen.

PRECAUTIONS: As a class, cyclooxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Effects may result from decreased prostaglandin production and inhibition of the enzyme cyclooxygenase which is responsible for the formation of prostaglandins from arachidonic acid. When NSAIDs inhibit prostaglandins that cause inflammation they may also inhibit those prostaglandins which maintain normal homeostatic function. These anti-prostaglandin effects may result in clinically significant disease in patients with underlying or pre-existing disease more frequently than in healthy patients. NSAID therapy could unmask occult disease which has previously been undiagnosed due to the absence of apparent clinical signs. Patients with underlying renal disease for example, may experience exacerbation or decompensation of their renal disease while on NSAID therapy.

Carprofen is an NSAID, and as with others in that class, adverse reactions may occur with its use. The most frequently reported effects have been gastrointestinal signs. Events involving suspected renal, hematologic, neurologic, dermatologic, and hepatic effects have also been reported. Patients at greatest risk for renal toxicity are those that are dehydrated, on concomitant diuretic therapy, or those with renal, cardiovascular, and/or hepatic dysfunction. Since all NSAIDs possess the potential to induce gastrointestinal ulceration, concurrent use of Rimadyl with other anti-inflammatory drugs, such as corticosteroids, NSAIDs, should be avoided or very closely monitored. Sensitivity to drug-associated adverse reactions varies with the individual patient. For example, Rimadyl treatment was not associated with renal toxicity or gastrointestinal ulceration in well-controlled safety studies of up to ten times the dose in dogs.

Rimadyl is not recommended for use in dogs with bleeding disorders (e.g., Von Willebrand's disease), as safety has not been established in dogs with these disorders. The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Studies to determine the activity of Rimadyl when administered concomitantly with protein-bound drugs have not been conducted. Drug compatibility should be monitored closely in patients requiring additional therapy.

Due to the palatable nature of Rimadyl chewable tablets, store out of reach of dogs in a secured location. Severe adverse reactions may occur if large quantities of tablets are ingested. If you suspect your dog has consumed Rimadyl chewable tablets above the labeled dose, please call your veterinarian for immediate assistance and notify Pfizer Animal Health (1-800-366-5288).

INFORMATION FOR DOG OWNERS:
Rimadyl, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with drug intolerance. Adverse reactions may include decreased appetite, vomiting, diarrhea, dark or tarry stools, increased water consumption, increased urination, pale gums due to anemia, yellowness of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizures, or behavioral changes. **Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue Rimadyl therapy and contact their veterinarian immediately if signs of intolerance are observed.** The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized, the drug is withdrawn, and veterinary care, if appropriate, is initiated. Owners should be advised of the importance of periodic follow-up for all dogs during administration of any medication.

WARNINGS: Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans. **For use in dogs only.** Do not use in cats.

All dogs should undergo a thorough history and physical examination before initiation of NSAID therapy. Appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to, and periodically during, administration of any NSAID should be considered. **Owners should be advised to observe for signs of potential drug toxicity (see Information for Dog Owners – Adverse Reactions).**

ADVERSE REACTIONS: During investigational studies for the caplet formulation, no clinically significant adverse reactions were reported. Some clinical signs were observed during field studies (n=297) which were similar for both carprofen caplet- and placebo-treated dogs. Incidences of the following were observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite (3%), lethargy (1.4%), behavioral changes (1%), and constipation (0.3%). The product vehicle served as control.

During investigational studies for the chewable tablet formulation, gastrointestinal signs were observed in some dogs. These signs included vomiting and soft stool.

Post-Approval Experience: Although not all adverse reactions are reported, the following adverse reactions are based on voluntary post-approval adverse drug experience reporting. The categories of adverse reactions are listed in decreasing order of frequency by body system.

Gastrointestinal: *Vomiting, diarrhea, inappetence, melena, hematemesis, gastrointestinal ulceration, gastrointestinal bleeding, pancreatitis.*

Hepatic: *Inappetence, vomiting, jaundice, acute hepatic toxicity, hepatic enzyme elevation, abnormal liver function test(s), hyperbilirubinemia, hypobilirubinuria, hypoalbuminemia. Approximately one-fourth of hepatic reports were in Labrador Retrievers.*

Neurologic: *Ataxia, paresis, paralysis, seizures, vestibular signs, disorientation.*

Urinary: *Hematuria, polyuria, polydipsia, urinary incontinence, urinary tract infection, azotemia, acute renal failure, tubular abnormalities including acute tubular necrosis, renal tubular acidosis, glucosuria.*

Behavioral: *Sedation, lethargy, hyperactivity, restlessness, aggressiveness.*

Hematologic: *Immune-mediated hemolytic anemia, immune-mediated thrombocytopenia, blood loss anemia, epistaxis.*

Dermatologic: *Pruritus, increased shedding, alopecia, pyotraumatic moist dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecchymosis.*

Immunologic or hypersensitivity: *Facial swelling, hives, erythema.*

In rare situations, death has been associated with some of the adverse reactions listed above.

For a copy of the Material Safety Data Sheet (MSDS) or to report a suspected adverse reaction call Pfizer Animal Health at 1-800-366-5288.

NADA #141-111, Approved by FDA. NADA #141-053, Approved by FDA.

TAKE TIME OBSERVE LABEL DIRECTIONS

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Give your dog relief from arthritis pain, nd give your children back their favorite companion.

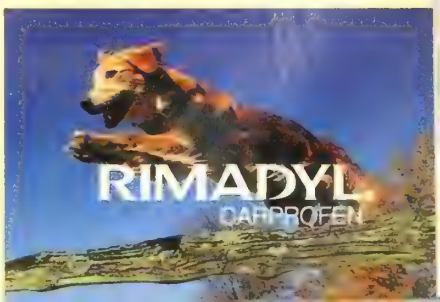




Now in easy-to-give chewable tablets.

Arthritis is a painful disease that can develop in any dog. At any time. So if your dog lags behind when running or playing, seems stiff afterward, or has difficulty climbing stairs, find out how Rimadyl® (carprofen) has provided real relief for over one million dogs with arthritis[1]. As with other pain relievers in this class, rare but serious side effects involving the digestive system, kidneys or liver may occur. Refer to brief summary for important Information for Dog Owners, or call 1-800-720-DOGS.

1. Proprietary market research, 1999. Data on file, Pfizer Animal Health.



Pfizer **Animal Health**

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"Always my daughter, now too, my friend"

A first of a kind *Heirloom Porcelain* Music Box

Deep is the understanding, and strong is the bond between mother and daughter—because every mother has been a daughter herself. And now you can celebrate the everlasting bond of love that mothers and daughters share with "Always My Daughter," Ardleigh Elliott's *first Heirloom Porcelain* musical collectible to be crafted as a miniature hat box with a meticulously hand-painted sculptural bow on the lid.



A touching mother-daughter sentiment and floral motif grace the inside of the box.



The sculptural porcelain bow on the lid is painted entirely by hand.

Accented with candy-pink stripes, florals and gleaming 22K gold, "Always My Daughter" plays the heartfelt melody of "Always" on an eighteen-note musical movement.

From the inside out, "Always My Daughter" is an exceptional limited-edition collectible. When you lift the hat box lid, you'll discover a touching sentiment in delicate golden script inside: "Always my daughter, now too, my friend." What a wonderful thought to share with a special mother or daughter!

The perfect Mother's Day gift, "Always My Daughter" is strictly limited to 95 firing days. Backed by Ardleigh Elliott's 365-day guarantee, it is hand-numbered and comes with a correspondingly hand-numbered Certificate of Authenticity. To order your music box at the affordable issue price of only $29.95, send no money now. Just mail the coupon.

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WHERE'S BOB VILA WHEN YOU NEED HIM? Nearly 40 percent of homeowners plan some type of home improvement. Fifteen percent say they'll tackle the kitchen. Twenty-eight percent plan smaller cosmetic improvements.

Are You NORMAL At Home?

From cleaning to color schemes, toilet paper to TVs, we all have our quirks in and around the house. See how your habits stack up against the American norm **By Bernice Kanner**

Decisions, Decisions

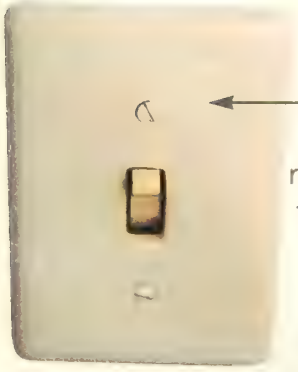
The average person looks at 14.5 houses before buying one, and spends an average of 4.8 months on the search. Typically, we opt for a place with three bedrooms and two bathrooms. One in five people chooses a house near his or her parents' home.

LIVING IT UP

The living room is the favorite room for 39 percent of us, with 43 percent saying they spend the majority of their time there. Small wonder: Eighty-one percent of homes have a TV in the living room, and 64 percent also have a VCR there.



THE PARTY'S HERE Some 21 percent of us have guests over every two or three months; 18 percent do it once a month. Another 18 percent entertain every four to six months, and 16 percent give parties less than twice a year.



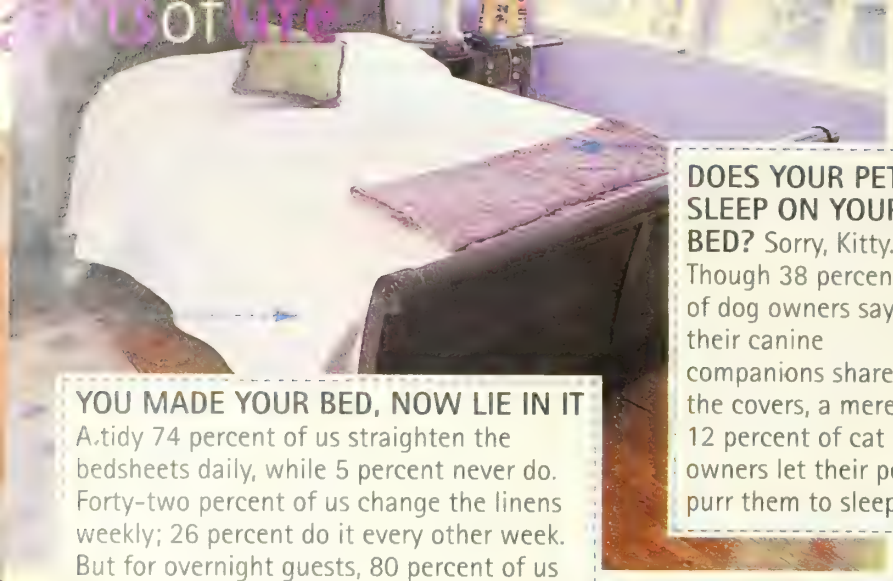
lights out Twenty-five percent of respondents are conscientious enough to turn off the light almost every time they leave a room, while 8 percent usually don't bother. The rest of us do it on occasion—or should we say, off and on?

ARE WE BLUE?

If blue is America's favorite color, you'd never know it from looking in our homes. Just **14 percent** of people say blue is their primary household hue. Many of us—**36 percent**—use a different color in virtually every room.



State Farm Insurance Companies ◆ Home Offices: Bloomington, Illinois ◆ www.statefarm.com



YOU MADE YOUR BED, NOW LIE IN IT A tidy 74 percent of us straighten the bedsheets daily, while 5 percent never do. Forty-two percent of us change the linens weekly; 26 percent do it every other week. But for overnight guests, 80 percent of us always put out fresh bedding.

DOES YOUR PET SLEEP ON YOUR BED? Sorry, Kitty. Though 38 percent of dog owners say their canine companions share the covers, a mere 12 percent of cat owners let their pets purr them to sleep.

the latest dish

Some 58 percent of us wash the dinner dishes immediately after eating, with women more up to the task than men (62 versus 54 percent). About a fourth of us wait until later in the evening, while 5 percent (you know who you are!) let the dishes sit for two or more days. And if a pan or dish is too cruddy to clean, 22 percent just throw it away.



SPICE GIRLS: A mere **7 percent** of Americans alphabetize their spice racks. Another **31 percent** think organizing is a good idea, but just haven't gotten around to doing it.

the great debate



More than half of us hang toilet paper so the sheets go over the top; 25 percent yank from underneath. And 12 percent of us put in a new roll when company comes.

FOILED AGAIN

Fifty-seven percent of people save wrapping paper and bows and use them to wrap other gifts. A thrifty **44 percent** use their aluminum foil more than once, with rich people most likely to do so.



Bad hair day?

More of us (54 percent) would rather do without our blow-dryers than our hand-held vacuums (41 percent). Just 35 percent would choose the microwave over the bathroom scale.



Clean Machines

The average household stocks at least thirteen different "surface cleaning products." Most households have two types of vacuums. What do we hate to clean most? Barbecue grills and shower doors.

Dirty Little Secrets

Though 66 percent of respondents mop and dust at least occasionally, and 72 percent scrub the toilets, only 29 percent polish the silver. The vast majority of us (75 percent) say that making the house look "good enough" is good enough.

Some of the information in this story is based on a survey by Cyber Dialogue, a New York marketing research firm. To make your opinions count, visit the Cyber Dialogue Web site and join the panel at www.cyberdialogue.com. Other sources include: American Pet Products Manufacturers Association, Benckiser Consumer Products, Black & Decker, Chicago Title and Trust Co., The Fannie Mae Factoid, NatWest Mortgage, Pier 1 Imports, Procter & Gamble, Roper Starch Worldwide.

HOW NORMAL ARE YOU?
Take our online poll at http://www.lhj.com/normal.



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Gail, 38, married 12 yrs



Marion, 41, married 15 yrs





Nan, 44, married 14 yrs



Lee, 37, married 15 yrs



Rebecca, 48, married 17 yrs



Kirstie, 37, married 14 yrs

The LOVE Club

When you put six married women in a room to talk about keeping passion alive, you get more than a few good ideas about fanning the flames. You get step-by-steps

By Melinda Marshall

"You just look at that woman," observed my husband, studying a snapshot of my friend Elisabeth, "and you think, sex."

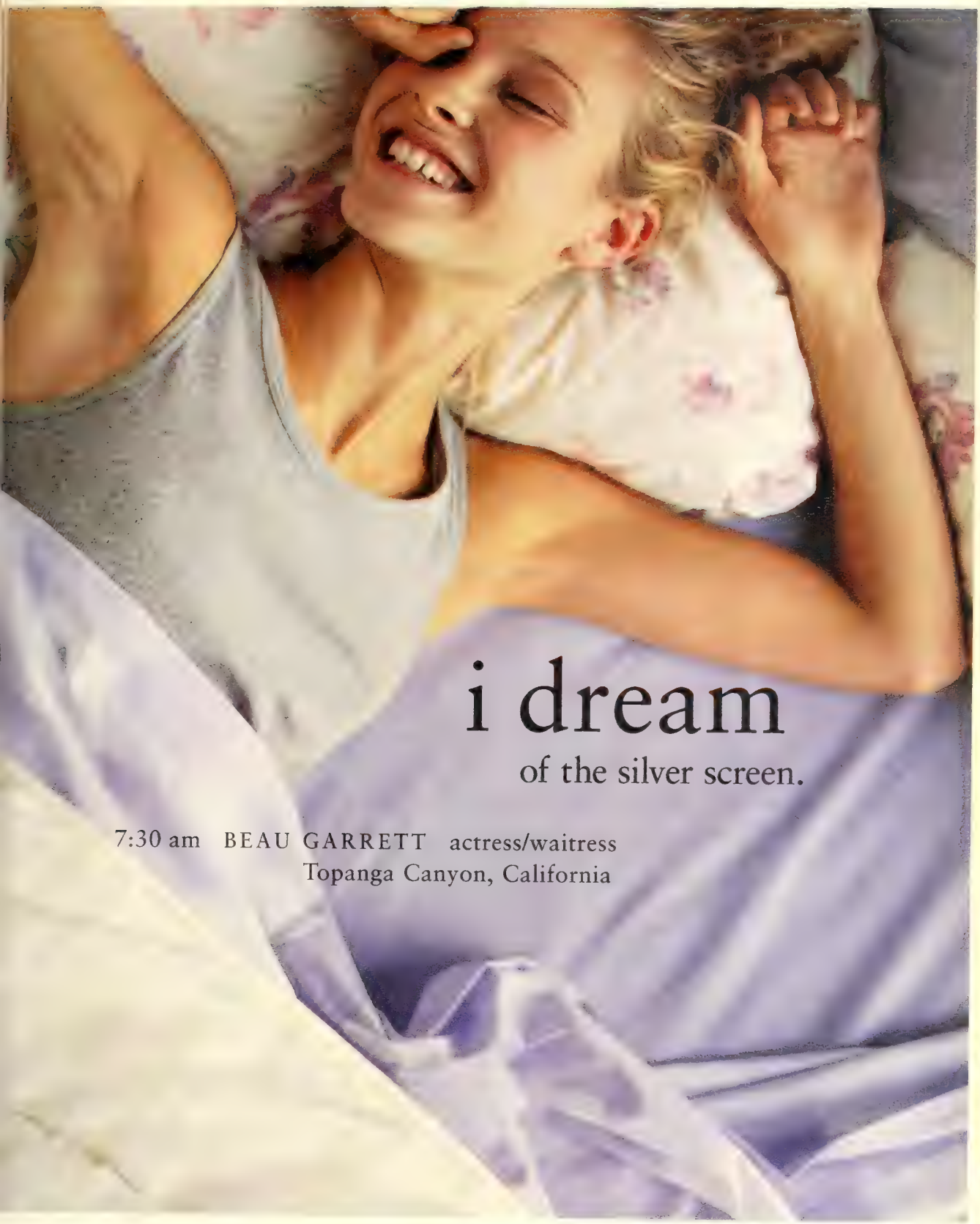
Women look at Elisabeth and think, homewrecker. Partly it's the fact that, in her mid-thirties, she still wears string bikinis. Partly it's her habit of describing her latest sexploit—the affair with the Russian poet, the one-night stand with a colleague—as casually as the rest of us exchange pasta recipes. Partly it's her laugh—a deep, belly-shaking burble that sounds like she's just done something very naughty.

We last spoke on the eve of her nuptials to husband number four. "How long have you and Ken been married now?" she asked me.

I told her. There was a pause.

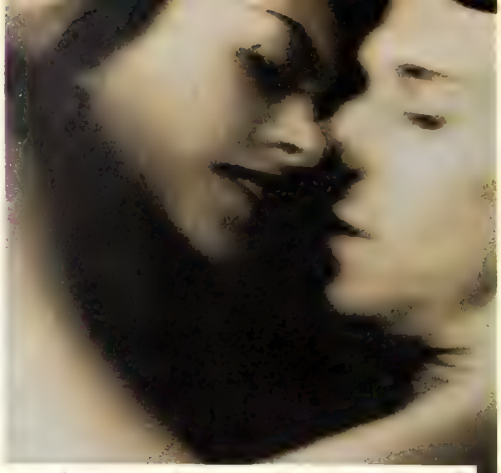
"Eleven years," she finally exhaled, as though I'd just admitted I had brain cancer. "How do you do it?" Her tone suggested that any woman who could sleep with one man for that long must have the libido of a lawn grub.

"Well, it takes work," I *(continued)*



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Even when they don't feel like it even when they're blind with exhaustion or mad as hell, these women do it anyway. Make love, that is

(continued) responded, sounding like the schoolmarm I suddenly felt like.

Yet Elisabeth's question lingered like a bad odor. How *did* we lifers do it? I wondered. Had we learned how to keep passion alive, or had we just learned how to live without it? Was commitment to one man a sign of true love—or a lack of imagination?

I needed some of my long-married friends to weigh in on this one. I wanted their tips on how to keep things passionate because they, like me, were tending to a husband, kids, a house, a job, church, school—and yet were bearing up with enviable energy, humor and . . . zest. For all I'd heard about their husbands over the years, I'd never heard resentment.

So I got the six of them together over lunch. And I put Elisabeth's question to them: How did *they* do it?

PASSION PRINCIPLE #1: MAKE IT A WAY OF LIFE

They wanted to get one thing straight, right off the bat.

"Passion isn't just about a particular moment," said Nan, forty-four, to nods all around the table. "It's not just sex, but the interests you share, the things you feel strongly enough about to have a really serious argument. It's about how you enjoy yourselves, your children—your passion as a family."

Nobody wanted to undervalue a romp in the hay, of course. But so many of the group cited nonsexual ways they recharge their relationship.

"All the things we love to do together—bicycling, skiing, going antiquing—add to the sexual tension," confirmed Marion, forty-one, who's been married fifteen years. Kirstie, thirty-seven, admitted she still gets the hots for her husband of fourteen years just listening to him fearlessly argue a point. ("He can be so tough," she said, recounting the last dinner party they attended, "but it's kind of exciting! I'm, like, *pawing* at him!") Rebecca, forty-eight, and Lee, thirty-seven, find the affection and love that their husbands show their children to be a real turn-on. Said Lee, "The more my husband invests himself in our kids, the more I want to show him how much I love him."

Likewise, Gail, thirty-eight, feels her four kids help fuel her twelve-year marriage. "They give us a lot of laughs together," she said. "And even when we're slogging through those terrible nights, or the stomach flu, the feeling is, we went through it together. Those are the times we feel really close to each other, and that's when the passion comes back in physical ways."

THE PASSION POINT: Deep-seated passion doesn't spring from a bed of roses. It's the culmination, these women insist, of getting through all those thorny patches—the newborn baby days, the disappointments at work, the trials of raising teenagers—together. "We see each other as the safe zone," said Lee, who's been married fifteen years. "That's the real passion-keeper for us."

PASSION PRINCIPLE #2: DO MOUTH-TO-MOUTH

We did talk sex. Not whipped cream and handcuff stuff—nothing as kinky or detailed as, say, my friend Elisabeth might share. Still, while munching away at their salads, these women divulged something surprising: Some dose of unself-conscious daily affection is a must.

"It's the touching," said Nan. "The lip-kissing. Affection opens up so much for us: After a whole day of not seeing each other, it brings us to that place we want to be."

"Even if we've been totally caught up in doing our thing all day, we'll try to be in the same room all evening, often in bed reading with our legs touching," Gail affirmed.

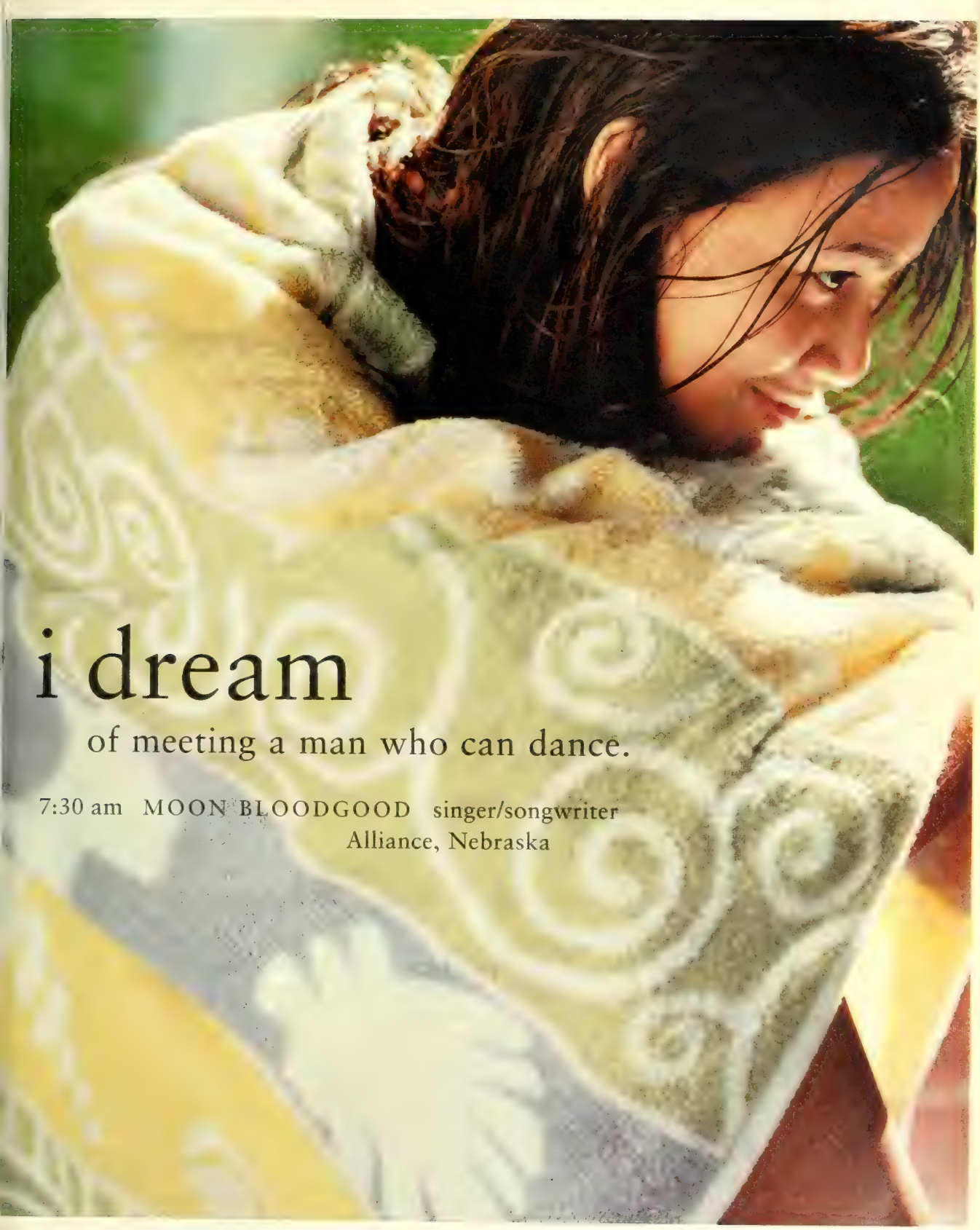
Sex, all agreed, is an affection ritual, a tad more involved than a kiss, to be sure, but nothing to be saved, like fine china, for special occasions. Which is why, even when these women don't feel like it, even when they're blind with exhaustion, even when they're mad as hell—they do it anyway. Make love, that is.

"It's like what your mom used to say about putting a smile on your face," said Gail. "Darned if you don't start feeling happier!"

Not that she always felt this way about sex, she admitted. "I remember when the kids were young how just the idea of sex made me want to say to Rob, 'Hey, in ten years, come and talk to me,'" Gail added. "But then one day he came home and said, 'I have an idea. What if we do it every night? Then it'll just be like brushing your teeth!'"

(I mentioned, didn't I, that Gail is hugely pregnant with her fifth child?)

Ditto for those brooding *(continued)*



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BED AND BATH
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(continued) times when you can't even bring yourself to talk to each other. "It's my husband's way of reconnecting," said Rebecca. "And it's good that he overrides my whining about feeling less than passionate, because . . . well . . . it's just who we are: For some reason I have to work at it and he never does—thank God!"

THE PASSION POINT: Take the opportunity for daily lovemaking that cohabitation affords you, even if it's not sex per se. Feelings of anger or exhaustion or disappointment are no excuse for abstinence. On the contrary: Even if you momentarily hate him for something he's done or failed to do, use physical affection as a reminder to you both that deep down, you have a profound connection.

PASSION PRINCIPLE #3: DATE YOUR HUSBAND

Sex is really just the icing on the cake, however—the cake being what these women savor the most. Remember foreplay? That's what they prioritize: the play that comes before.

Remember foreplay? That's what these women prioritize: the play that comes before

"You've got to get out of your responsible-parent roles," Nan pointed out. "You need to get to that place where you can be kind of . . . juvenile." One of Nan's tried-and-true jump-starts, she confided, is arranging to meet her husband at a bar on a Friday night and then getting there a little early. "I just love watching him come in the door and walk toward me," she said, "because then I'm thinking, My God, he is really great!"

And she plays her part, she added, by getting all dolled up and sitting near the single guys likeliest to offer her a drink. "When we see each other," she explained, "it's like, 'I know why I chose you, and you know why you chose me.'"

Which is why, Gail chimed in, she always books a weekend sitter. "Even when we had four children under age five, Saturday night was our night, whether we went out with friends or it was just the two of us. That was critical in keeping us together during those years when we didn't have that much energy to give to each other."

Rebecca's best dates actually take place at home when her kids, both teenagers, are out of the house. It's like having an affair, she said, because the minute her kids get back she and her husband have to pretend nothing has been going on. When they know they have the whole evening to themselves, they walk to the park, share a bottle of wine and watch the sun set. Then they come home and give each other massages.

"You can't just sit in front of a movie," she told us. "You have to have lots of eye or body contact. Maybe it's me, but I can't just get naked after watching *The Terminator*."

Marion, whose girls are nine and eleven, swears by nude dips in a hot tub. She and her husband retreat to it several times a week. "It's like going on a vacation," she confided.

But there's nothing like the real thing, Nan said—a real vacation, that is. "You've got to go to a place that makes you feel like you used to feel, when you didn't have so much time pressure," she insisted.

"You don't have to go back to your old stamping grounds," Kirstie said. "Just do the things you did back when it was just you two." She and her husband are taking long drives again, harking back to their very first vacation together, a cross-country trip. "Now, taking a Saturday afternoon and bumping around the countryside brings us back to what we liked about each other at the beginning."

THE PASSION POINT: See the pattern here? Re-create, over and over, the activities, rhythms and settings of your courtship days, and you'll feel like you're dating each other again. Invest your disposable income in a couple of weekend flings with your husband, say my experts, and you'll reap happy returns—principal plus interest—for years to come.

PASSION PRINCIPLE #4: KEEP IT FRESH

There are other ways, too, said Marion, to help your relationship reclaim that special aura:

"Do something totally new together, or make plans to do something down the road," she counseled us over dessert. "Right now my husband and I are looking five, ten years ahead, making plans for our retirement. It's exciting; for a while I felt we were hitting a plateau, but now I feel like we're going up again."

Gail and her husband are planning a new beginning, too: the arrival of her fifth child. "It's re-ignited that feeling that we have our whole lives ahead of us," said Gail.

Think about it: What's so heady and intoxicating about the beginning of a relationship is that, because you are together, life is a matter not of survival but of adventure. Maybe that's what explains that can't-get-enough-of-you addiction we all experience in our early days as a couple.

THE PASSION POINT: Keeping a relationship passionate means promising to keep pushing the envelope. Zestful couples do replay the good parts of their past. But they also infuse the relationship with beginnings—new joint projects, new individual adventures, family journeys to new worlds.

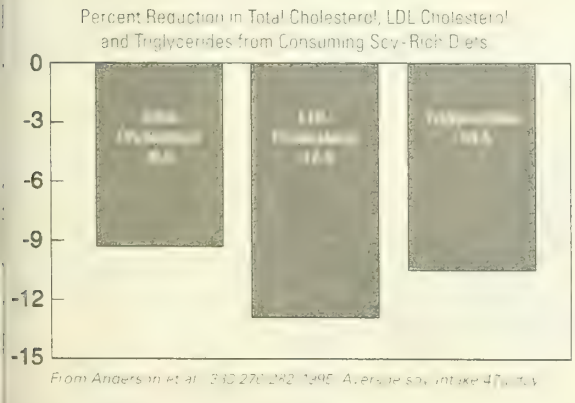
In other words, they keep passion growing by continually bringing back what sowed it in the first place: the new-love conviction that in each other lies the power to make just about any dream come true. ■



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From Anderson et al. 340 270 282 295 Average soy intake 47g/day



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SHELF Life

Old-fashioned form meets everyday function to pretty up the powder room



Creative ways to decorate open bathroom shelving are easy to find at your local flea market or antiques shop. For instance, a vintage OLIVE OIL BOTTLE with a cork top makes an elegant decanter for colorful mouthwash or bath oil. Another idea: Look for sensuously shaped antique perfume atomizers from which to spritz astringent.

It may have held meaningful gems back in its day, but a clear glass antique JEWELRY BOX can serve just as well as a repository for bobby pins, hair clips and other coiffure helpers.

Elegant shapes never go out of style. Store bath salts in an old-fashioned, silver-topped glass TOILET WATER BOTTLE. For another great look—and easy pouring at bath time—fill an antique chemistry beaker with the sweet-smelling crystals.

Bath beads bubble up in an antique SHAVING CREAM POT. Choose beads in a color that complements the painted design on the lid.

A closed cupboard is no place for a STERLING SILVER GOBLET. Put it to more conspicuous use on your shelf as a spare toothbrush holder.

Green-tinted glass has just the right feel for the bathroom—pretty yet reminiscent of a nineteenth-century pharmacy. Fill a DEPRESSION GLASS JAR with your assortment of beauty tools: tweezers, nail scissors, clippers.

They might not be as much fun as a bowl of chocolates, but cotton balls stowed in an antique silver-and-glass pedestal CANDY DISH are a very sweet convenience.



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What Frisky Cats Hunger For.

How CLEAN Is It?



When it comes to eating out, you're not necessarily safer eating at an upscale restaurant than at the local diner. And germs can linger everywhere (gulp)—not just in your food. Check out this report—and what you can do to protect yourself **By Anna Roufos**

It's an experience most of us are all too familiar with: Shortly after a meal at a restaurant, your stomach starts rumbling, causing you to moan, "It must have been something I ate!" In fact, 76 million people get sick every year from food, most often with intestinal upset, according to the Centers for Disease Control and Prevention, in Atlanta. As many as 5,000 die from food poisoning.

To get an idea of how clean some of our favorite eateries are, we sent reporters to three types of restaurants—fast-food outlets, major chains and upscale establishments ($100 for dinner for two)—armed with sterile swabs. Their instructions: to swipe objects in the dining area for germs. Then we sent the swabs for analysis to Micrim Labs, in Fort Lauderdale, Florida. Here are our results, plus what you should look out for when you order your next meal.

RATING SYSTEM

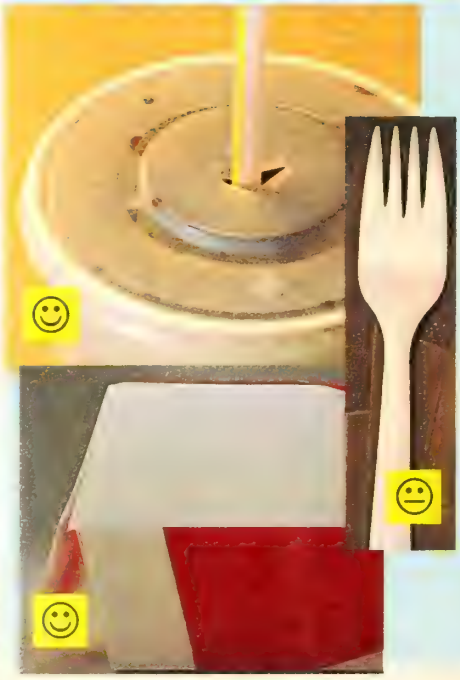
- ☺ Spotless
- 😐 Average, could be better
- ☹ Gag me with a spoon

MAJOR FAST-FOOD RESTAURANTS



At the first fast-food place we tested, most of the objects—soft-drink and napkin dispensers, a table, chair and a cup—were clean. The exception: the outside door handle, which contained a light growth of *Staph aureas*. "This could result in an infection if you have a cut on your hand," says John Pisani, Ph.D., a microbiologist at Micrim Labs.

Several of the objects we swiped at a second fast-food restaurant were also clean, including a table, cup, straw, hamburger box, tray, napkin and playground slide. However, the ketchup dispenser was filthy, with *five* kinds of bacteria, which could cause diarrhea, according to Pisani. "It probably gets refilled and never cleaned, or the ketchup was old," says Pisani. An outside dining table was also covered with five kinds of bacteria. This could cause a child or someone with a weak immune system to develop an upset stomach, or even an upper-respiratory infection if they touched their nose or mouth. We also found a light growth of three types of bacteria on a plastic fork, including *Clostridium sordellii*. However, says Pisani, "For most people, this will not cause a problem."





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BRIEF SUMMARY

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steroid can be accompanied by signs of adrenal insufficiency, and in addition some patients may experience symptoms of withdrawal, e.g., joint and/or muscular pain, lassitude, and depression. Patients previously treated for prolonged periods with systemic corticosteroids and transferred to topical corticosteroids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other clinical conditions requiring long-term systemic corticosteroid treatment, too rapid a decrease in systemic corticosteroids may cause a severe exacerbation of their symptoms.

The concomitant use of intranasal corticosteroids with other inhaled corticosteroids could increase the risk of signs or symptoms of hypercorticism and/or suppression of the hypothalamic-pituitary-adrenal (HPA) axis.

Patients who are on immunosuppressant drugs are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in patients on immunosuppressant doses of corticosteroids. In such patients who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS

General: Rarely, immediate hypersensitivity reactions or contact dermatitis may occur after the administration of FLONASE Nasal Spray. Rare instances of wheezing, nasal septum perforation, cataracts, glaucoma, and increased intraocular pressure have been reported following the intranasal application of corticosteroids, including fluticasone propionate.

Use of excessive doses of corticosteroids may lead to signs or symptoms of hypercorticism, suppression of HPA function, and/or reduction of growth velocity in children or teenagers. Physicians should closely follow the growth of children and adolescents taking corticosteroids, by any route, and weigh the benefits of corticosteroid therapy against the possibility of growth suppression if growth appears slowed.

Although systemic effects have been minimal with recommended doses of FLONASE Nasal Spray, potential risk increases with larger doses. Therefore, larger than recommended doses of FLONASE Nasal Spray should be avoided.

When used at higher than recommended doses, or in rare individuals at recommended doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of FLONASE Nasal Spray should be discontinued slowly consistent with accepted procedures for discontinuing oral corticosteroid therapy.

In clinical studies with fluticasone propionate administered intranasally, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with FLONASE Nasal Spray. Patients using FLONASE Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

FLONASE Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infection, untreated local or systemic fungal or bacterial, or systemic viral infections or parasitic infection, or ocular herpes simplex.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Information for Patients: Patients being treated with FLONASE Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should be warned to avoid exposure to chickenpox or measles and, if exposed, to consult their physician without delay.

Patients should use FLONASE Nasal Spray at regular intervals as directed since its effectiveness depends on its regular use. A decrease in nasal symptoms may occur as soon as 12 hours after starting therapy with FLONASE Nasal Spray. Results in several clinical trials indicate statistically significant improvement within the first day or two of treatment; however, the full benefit of FLONASE Nasal Spray may not be achieved until treatment has been administered for several days. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens. For the proper use of the nasal spray and to attain maximum improvement, the patient should read and follow carefully the patient's instructions accompanying the product.

Drug Interactions: In a placebo-controlled, crossover study in eight healthy volunteers, coadministration of a single dose of orally inhaled fluticasone propionate (1000 mcg, 5 times the maximum daily intranasal dose) with multiple doses of ketoconazole (200 mg) to steady state resulted in increased mean fluticasone propionate concentrations, a reduction in plasma cortisol AUC, and no effect on urinary excretion of cortisol. This interaction may be due to an inhibition of the cytochrome P450 3A4 isoenzyme system by ketoconazole, which is also the route of metabolism of fluticasone propionate. No drug interact on studies have been conducted with FLONASE Nasal Spray, however, care should be exercised when fluticasone propionate is coadministered with long-term ketoconazole and other known cytochrome P450 3A4 inhibitors.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in mice at oral doses up to 1000 mcg/kg (approximately 20 times the maximum recommended daily intranasal dose in adults and approximately 10 times the maximum recommended daily intranasal dose in children on a mcg/m² basis) for 78 weeks or in rats at inhalation doses up to 57 mcg/kg (approximately 2 times the maximum recommended daily intranasal dose in adults and approximately equivalent to the maximum recommended daily intranasal dose in children on a mcg/m² basis) for 104 weeks.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells *in vitro*. No significant clastogenic effect was seen in cultured human peripheral lymphocytes *in vitro* or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in male and female rats at subcutaneous doses up to 50 mcg/kg (approximately 2 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). Prostate weight was significantly reduced at a subcutaneous dose of 50 mcg/kg.

Pregnancy: *Teratogenic Effects:* Pregnancy Category C. Subcutaneous studies in the mouse and rat at 45 and 100 mcg/kg, respectively (approximately equivalent to and 4 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis, respectively) revealed fetal toxicity characteristic of potent corticosteroid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed at a subcutaneous dose of 4 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

However, no teratogenic effects were reported at oral doses up to 300 mcg/kg (approximately 25 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis) of fluticasone propionate to the rabbit. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of the full prescribing information).

Fluticasone propionate crossed the placenta following oral administration of 100 mcg/kg to rats or 300 mcg/kg to rabbits (approximately 4 and 25 times, respectively, the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. When tritiated fluticasone propionate was administered to rats at a subcutaneous dose of 10 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m² basis), radioactivity was excreted in the milk. Because other corticosteroids are excreted in human milk, caution should be exercised when FLONASE Nasal Spray is administered to a nursing woman.

Pediatric Use: Five hundred (500) patients aged 4 to 11 years of age and 440 patients aged 12 to 17 years were studied in US clinical trials with fluticasone propionate nasal spray. The safety and effectiveness of FLONASE Nasal Spray in children below 4 years of age have not been established.

Oral and, to a less clear extent, inhaled and intranasal corticosteroids have been shown to have the potential to cause a reduction in growth velocity in children and adolescents with extended use. If a child or adolescent on any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: A limited number of patients above 60 years of age (n =275) have been treated with FLONASE Nasal Spray in US and non-US clinical trials. While the number of patients is too small to permit separate analysis of efficacy and safety, the adverse reactions reported in this population were similar to those reported by younger patients.

ADVERSE REACTIONS: In controlled US studies, more than 3300 patients with seasonal allergic, perennial allergic, or perennial nonallergic rhinitis received treatment with intranasal fluticasone propionate. In general, adverse reactions in clinical studies have been primarily associated with irritation of the nasal mucous membranes, and the adverse reactions were reported with approximately the same frequency by patients treated with the vehicle itself. The complaints did not usually interfere with treatment. Less than 2% of patients in clinical trials discontinued because of adverse events; this rate was similar for vehicle placebo and active comparators.

Systemic corticosteroid side effects were not reported during controlled clinical studies up to 6 months' duration with FLONASE Nasal Spray. If recommended doses are exceeded, however, or if individuals are particularly sensitive, or taking FLONASE Nasal Spray in conjunction with administration of other corticosteroids, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

The following incidence of common adverse reactions (>3%, where incidence in fluticasone propionate-treated subjects exceeded placebo) is based upon seven controlled clinical trials in which 536 patients (57 girls and 108 boys aged 4 to 11 years, 137 female and 234 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 2 to 4 weeks and two controlled clinical trials in which 246 patients (119 female and 127 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 6 months. Also included in the table are adverse events from two studies in which 167 children (45 girls and 122 boys aged 4 to 11 years) were treated with FLONASE Nasal Spray 100 mcg once daily for 2 to 4 weeks.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in Controlled Clinical Trials With FLONASE Nasal Spray in Patients ≥4 Years With Seasonal or Perennial Allergic Rhinitis

	Vehicle Placebo (n=758) %	FLONASE 100 mcg Once Daily (n=167) %	FLONASE 200 mcg Once Daily (n=782) %
Headache	14.6	6.6	16.1
Pharyngitis	7.2	6.0	7.8
Epistaxis	5.4	6.0	6.9
Nasal burning/ Nasal irritation	2.6	2.4	3.2
Nausea/vomiting	2.0	4.8	2.6
Asthma symptoms	2.9	7.2	3.3
Cough	2.8	3.6	3.8

Other adverse events that occurred in ≤3% but ≥1% of patients and that were more common with fluticasone propionate (with uncertain relationship to treatment) included: blood in nasal mucus, runny nose, abdominal pain, diarrhea, fever, flu-like symptoms, aches and pains, dizziness, bronchitis.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during postapproval use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, occurrence during clinical trials, or a combination of these factors.

General: Hypersensitivity reactions, including angioedema, skin rash, edema of the face and tongue, pruritus, urticaria, bronchospasm, wheezing, dyspnea, and anaphylaxis/anaphylactoid reactions, which in rare instances were severe.

Ear, Nose, and Throat: Alteration or loss of sense of taste and/or smell and, rarely, nasal septal perforation, nasal ulcer, sore throat, throat irritation and dryness, cough, hoarseness, and voice changes.

Eye: Dryness and irritation, conjunctivitis, blurred vision, glaucoma, increased intraocular pressure, and cataracts.

OVERDOSAGE: Chronic overdosage with FLONASE Nasal Spray may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one bottle of FLONASE Nasal Spray contains approximately 8 mg of fluticasone propionate.

The oral and subcutaneous median lethal doses in mice and rats were >1000 mg/kg (>20000 and >41000 times, respectively, the maximum recommended daily intranasal dose in adults and >10000 and >20000 times, respectively, the maximum recommended daily intranasal dose in children on a mg/m² basis).

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U.S. Patent 4,335,121

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UPSCALE RESTAURANTS

A high-end steak place we tested wa overall very clean. The menu, booth, napkin, plate, outside door handle, pay phone, tablecloth and salt shake were all sanitary. We did find a heav growth of four different kinds of bacteria on a knife, but according to Pisani, they were harmless.

The dirtiest place in our sample turned out to be a trendy, urban restaurant where we found *E. coli* o many of the objects we tested, including the booth, a glass, menu and table. We also found three kinc of bacteria on the coat-check tab, which indicates that someone went to the bathroom and didn't wash h or her hands before handling it, say Pisani. The table also had a growth of *Klebsiella pneumoniae*, which in older people can cause pneumonia and is impenetrable to many antibiotics. According to Pisani, a dirty dish towel is the likely culprit and set the trail for the germs to spread. *Bon appétit.*



MAJOR CHAIN RESTAURANTS







At one diner-type chain, a table, booth, knife, salt shaker, menu, the check and the outside door handle were all germ-free. However, on a ketchup bottle, we found a growth of *yeast-Candida guillermondii*, which could cause an upset stomach. A maple-syrup bottle had a light growth of *yeast-Candida parapsilosis*, which may cause infection in someone with a weak immune system, says Pisani. We also uncovered a light growth of *Staph aureus* on the bathroom door handle, probably from someone who hadn't washed their hands after using the rest room. And we found a heavy growth of *Pseudomonas fluorescens* on a napkin, which could cause some gastrointestinal discomfort. Despite these findings, however, says Pisani, "the place was pretty clean."

At the other chain restaurant, we found hardly any grime at all, except for some harmless bacteria on the salt shaker and a plate (most likely from a diner who spread the germs by coughing or simply talking).

OW TO PROTECT OURSELF

No doubt, your real of getting sick is from ng contaminated d," says David eson, Ph.D., rdinator of the Food ety Initiative at the v England Medical ter, in Boston. If your al appears uncooked, d it back. Also, be eful when eating from d bars or buffets. If food doesn't seem r cold enough—ere. en are symptoms t likely to strike if you've eaten something that's contaminated? That depends on what's making you sick, says Acheson. You can become ill within thirty minutes—or up to several hours later. And some bacteria, such as salmonella, won't make you ill until about a day or two later. But if you have a slightly upset stomach, it's most likely something you ate.

Food-borne pathogens can also survive on surfaces—tables or menus, for instance—for weeks. The odds are greater that you'll get sick in an unclean place, rather than in a random, unpredictable way, such as from a server who doesn't wash his hands in a clean restaurant, says Acheson. "Generally," he adds, "if the bathrooms are neat and tidy, then the kitchens are likely to be as well, although it's obviously not an absolute rule." (To help reduce your risk of illness, always wash your hands with warm, soapy water and dry them thoroughly before you eat.)

If you do get sick after you eat, see your doctor if you develop a fever, along with shakes and shivers, severe abdominal pain, dizziness, or if you have diarrhea for more than two days. Also, report the illness to your local health department.



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IN BRIEF: The Best Time to Make a Baby

If you want to get pregnant soon, consider trying now. A new study published in *Fertility and Sterility* shows that men's fertility decreases during warmer months. From June through August, sperm counts drop by about 40 percent, sperm speed decreases and the number of defective sperm rises. Other studies have shown that sperm defects and low sperm counts are more common among Southern men living without air-conditioning in the summer. A possible explanation: Cool temperatures are necessary for healthy sperm.

what's SEXY now

Massages for two are being offered at a growing number of resorts and day spas across the country. Some provide instruction; others give couples private time afterward. For more information, check out *www.spafinders.com* or call 800-255-7727.



PASSION PULSE: WHAT A DIFFERENCE 30 YEARS MAKES

THE '60s	Percentage of men willing to marry someone they don't love: **35**	Percentage of women who are willing: **76**
THE '90s	Percentage of men willing to marry someone they don't love: **14**	Percentage of women who are willing: **9**

SOURCES: WILLIAM KEPHART, 1967; ALLGEIER AND ALLGEIER, 1991

SEX MYSTERY OF THE MONTH: I've heard that bike riding can cause impotence in men. Is it harmful to women?

Possibly. In a recent study conducted at Boston University Medical Center, women who rode an average of five hours per week were at greater risk for sexual problems than those who jogged. Forty-one percent of the cyclists experienced clitoral numbness; none of the joggers did. Researchers speculate that sitting on a bike seat may compress the arteries and nerves leading to the clitoris. While most of the women in the study rode on hard, narrow bike seats, experts say there's no evidence that padded or wide seats would decrease compression. For now, the best way to cycle without sacrificing your sex life is to pedal standing up every few minutes and limit the amount of time you ride.



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Dishing With PAVAROTTI

The most famous tenor in history talks about watching his weight, falling in love, and duetting with Ricky Martin

By Judith Newman



Luciano Pavarotti is staring at a mask of . . . well, Luciano Pavarotti, a gift I found in a New York novelty shop. He chuckles, and then murmurs thoughtfully, "I would like to give this to someone else, let him go on the stage, eh?"

No doubt about it: Luciano Pavarotti is, quite literally, the face of opera. In a world where this art form is dying as unpleasant a death as Brunhilde, Pavarotti remains not only the most recognizable tenor, but one of the most recognizable men in the world. (Just try to find a Placido Domingo mask.) As an actor, he hasn't exactly racked up the Oscars. "It is not necessary to be [a great actor]," he has said. "I prefer to do a little less than a little more." And in recent years he's had to do a little less, as chronic pain before his 1998 hip- and knee-replacement surgeries restricted his movements and made him play, say, the death-from-firing-squad scene in *Tosca* less like a man riddled with bullets than a Newfoundland easing into a comfy chair.

But as a showman and *primo uomo* (yes, there is a male equivalent to *prima donna*), Pavarotti is without peer. His voice emotes a quality of innocence married to virility that guarantees tenors will always be the heroes and lovers in opera. "Onstage, the tenor, he gets the women," Pavarotti says with a grin. "But offstage, it is the baritones who succeed. That is their revenge."

Today the The King of High C's is sitting in his memorabilia-strewn Manhattan apartment. There are paintings and sculptures of the Maestro everywhere—as well as his own richly hued, naif paintings of the Italian countryside, and the painting (above), which he calls La Barca (the boat). His nom de canvas: Lupa, the wolf. Which may also explain the wolf motif—figurines, plates, drawings—around the place.

Pavarotti is as open to different types of music as he is to art. While cruising in his Audi A8 ("I have a Mercedes, too"), he listens to pop as well as classical. Which may be why for years he has not shied away from marrying the shimmery brilliance and purity of his voice with everyone from Sinatra to the Spice Girls. Recently he debuted his fourth CD to benefit children in war-torn countries, *Pavarotti & Friends for Guatemala and Kosovo*, which features appearances with voices as disparate as B.B. King and *(continued)*

"Onstage, the tenor, he gets the woman," says Pavarotti. "But offstage, it is the baritones who succeed. That is their revenge"


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(continued) Mariah Carey. Perhaps the most joyous number on the CD is "Mama," the Italian folk song he performs with Ricky Martin. "I did not know him before I met him at the show," Pavarotti says. "But I realize in one minute he is a fantastic singer, a beautiful guy and an incredible performer."

Apparently Ricky Martin is also a favorite of Nicoletta Mantovani, thirty, Pavarotti's former secretary and current *amorata*—the woman for whom he separated from his wife of thirty-five years, the mother of his three daughters, in 1996. In his hometown and his country, this was a scandal. But as he said at the time, "Before I met Nicoletta, I was not in a good time. I had a smiling face, but inside I was not happy. I was surrounded by people, but I was lonely, and the worst loneliness of all is in the crowd."

It is Nicoletta who has urged the Maestro to perform with pop stars, much to the annoyance of many opera critics, who think that Pavarotti cheapens himself with these extravaganzas. Obviously Pavarotti wants to broaden his audience, and to sell records, but the question remains why so many pop stars would agree to appear onstage with him. Who would want to have their talent compared? At this his Italian temper flares. "No! What are you talking about? I am scared myself to be compared to them, especially when I am singing one of their songs. I have to be very alert. I am taking one month off every time I make these concerts. I don't even do this for an opera. Because opera you know when you are a kid." (As a young child, Pavarotti announced to his family he was a *tenorino*.) "But this is new music, new thing."

I fear I've angered the Maestro, but then he softens. "Here, have chocolate—these are wonderful," he says, shoving an enormous hazelnut Lindt truffle in my direction. "I know *how* wonderful," he says with a sigh, "but I am not allowed." Nicoletta, apparently, has him well trained.

"Nicoletta likes to watch my diet when we are together—she is a little like the food policeman," he confides. She has been known to take his plate away when she feels he's had enough—even in public. She has him growing organic fruits and vegetables at his summer home, and eating a little less of his favorite pasta ("with a very simple sauce—beautiful!") and a lot more chicken and fish. "Now, Nicoletta, who has so many very beautiful qualities, is a terrible cook," he says with a laugh. "If she did our cooking, I would certainly lose more weight!"



"I am scared to be compared to [current pop stars], especially when I am singing one of their songs," says Pavarotti, above, with Ricky Martin

At sixty-five, he is even more concerned than ever about protecting that most precious of commodities—his voice. He has always been his own worst critic: "You come home and look at yourself in the mirror, you say you are a seven-plus, a six-minus." He takes great comfort in the fact that his eighty-seven-year-old father, an amateur tenor back in his hometown of Modena, Italy, is still "singing like a bird," despite the implantation of a pacemaker in September. "He's still playing bocce," adds the son with pride. "Don't laugh. In his age range, he's champion."

The Maestro takes nothing for granted. He has said that he won't make love the day before going onstage; like a boxer, he doesn't want to sap those vital energies. I'd also heard that before every performance he needs to touch a bent nail for good luck. I bring him one, and he brightens, pocketing it immediately. He explains the origin of the superstition: The nail, bent, represents a hunchback. "In Italy, when a man is bent like that you touch him on his back because it's good luck. Then, the nail iron, which is strong, so it's double good luck." Apparently before every performance, the people who work with Pavarotti make sure that in the trip from his dressing room to his stage, he "finds" a bent nail. "They put one out for me. Because people, they love me very much."

Hey, no arguments here. ■

Judith Newman wrote LHJ's March cover story on Candice Bergen.


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IN THE NEWS

BEYOND BLUE

Your husband keeps telling you to lighten up; your mother accuses you of being too sullen. And you can't blame them: You *are* in a lousy mood more often than not. You know you're not depressed per se (your symptoms aren't crippling; after all, you *do* get out of bed every day). So you wonder: Are you just a real downer by nature?

Possibly not. While everyone experiences the blues occasionally, a person who has been feeling low for years and never seems to improve may suffer from dysthymia, a mild—but chronic—form of depression. Thanks to growing research, awareness of dysthymia is increasing, and doctors are more frequently diagnosing the disorder in patients.

Experts estimate that dysthymia affects 3 percent of Americans

Dysthymia's early onset (many patients first experience symptoms in their early teens or twenties) and "smoldering course" distinguish it from major depression's severe and disruptive episodes that come and go, according to a recent report of the Surgeon General on mental health. Patients with dysthymia experience at least two of the symptoms used to identify major depression (feelings of hopelessness, low self-esteem, changes in appetite and trouble sleeping and concentrating) and their symptoms last for at least two years, with not more than a two-month period of relief. In comparison, those with major depression experience all five of these symptoms, but their depressive episodes are more often interrupted by periods of normal functioning.

"Because of its consistent nature, dysthymia sufferers come to believe that how they feel is normal for them," says Jerrold Rosenbaum, M.D., a psychiatrist at Massachusetts General Hospital, in Boston. But dysthymia's chronic blues can be cured with the help of psychotherapy and drugs (such as Prozac). Exercise and taking the herb St. John's wort may also help, but it is essential to seek a doctor's counsel first. —Kim Atkinson

BODYBRIEFS

A HEALTHY HEART



If you have heart disease or risk factors for it, don't skimp on vitamin C. According to a study published in the journal *Circulation*, **taking 500 mg of vitamin C a day may reduce the risk of heart attack** by dilating tiny blood vessels.

ROLL OVER

Try sleeping on your left side, if you suffer from a chronic form of heartburn called esophageal reflux at night. A recent study published in the *American Journal of Gastroenterology* found that assuming that position decreased acid flow.



THE PMS DIET?

Pre-period food binges won't necessarily make you gain weight. A Pennsylvania State University study found that premenstrual women ate an average of 4 percent more calories than usual but, because their resting metabolism also increased during this time, they simply burned them off.

SORE ZAPPER



Next time an ugly cold sore starts to make an appearance on your lip, make it vanish by popping an aspirin. Taken at the start of an outbreak, **a 125 mg dose of aspirin cut cold-sore healing time nearly in half,** in a recent study.

—Christine Many

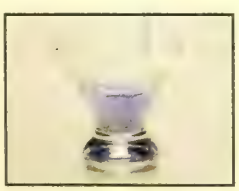
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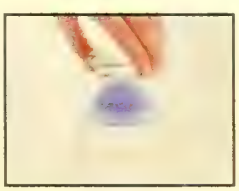


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Patch It Up

Patches to treat a variety of medical conditions are now available, and more are in development. Their advantage? Compared to taking medication orally, wearing a patch allows a drug to enter the bloodstream directly, providing a more prolonged and potent dose with fewer side effects.

—Mary Mertz

• **THE PILL PATCH** A seven-day contraceptive patch, currently under development by Ortho-McNeil, contains the same ingredients as the Pill and can be worn on the arm, abdomen or buttocks. Clinical trials show that it is as effective and safe as the Pill. The company expects to apply for FDA approval this year.

• **THE DIABETES PATCH** A patch to measure blood-sugar levels could eliminate the inconvenience and pain of conventional finger-stick methods. Rather than drawing blood, diabetics wear an arm patch containing a gel that reacts to blood glucose in skin fluids. A handheld meter would then give a blood-sugar reading. The company developing it anticipates filing for FDA approval during 2000.

• **THE DENTAL PATCH** Dentists can now place a patch directly on the gums to deaden the pain of injections. The patch contains lidocaine, a commonly used anesthetic, and offers an alternative to anesthetic gels, which experts say aren't as potent.

• **THE ANGINA PATCH** Nitroglycerin has long been prescribed to ease the pain of angina and to help treat other heart conditions. For those needing long-term therapy, patches worn on the chest for up to 12 hours and then removed for 8 help ward off attacks.

SOURCE: SUNEEL GUPTA, PH.D., A CLINICAL PHARMACOLOGIST BASED IN MOUNTAIN VIEW, CALIFORNIA.

EXERCISE

KARATE KICK

This move strengthens your inner and outer thighs and helps shape your waist. Kathy Kaehler, fitness consultant to the *Today* show and author of *Real-World Fitness* (Golden Books, 1999), says it also kicks up your heart rate and helps improve your balance.

▶ **HOW TO DO IT:** Stand sideways to a chair and hold onto its back. Bend the inside leg. Leading with your hip, kick the other leg out to the side and flex your foot. Do eight kicks, then switch sides. Work up to 10 to 12 kicks.



CONSULT YOUR DOCTOR BEFORE BEGINNING ANY EXERCISE PROGRAM.

MINI-MED SCHOOL

DO-IT-YOURSELF URINE ANALYSIS

Normal urine ranges in color from clear to pale yellow. Variations are often normal, but read this guide to be safe:

REDDISH urine can signify the presence of blood, a possible indication of kidney stones or cancer of the kidney or bladder. But your urine may also turn red if you've been popping laxatives or eating excessive amounts of beets. See your doctor.

BROWNISH urine may also mean blood is present. But your urine can turn brown if you have muscle damage due to excessive exercise (marathon runners), or have eaten a lot of beans or rhubarb. Brown urine can also signal porphyria, a rare blood disorder.

DEEP YELLOW urine means you're probably dehydrated. But it can also signify the early stages of a liver problem—see your doctor if it is consistently this color. Urine that is very bright yellow could be from a heavy intake of vitamins, especially riboflavin (vitamin B).

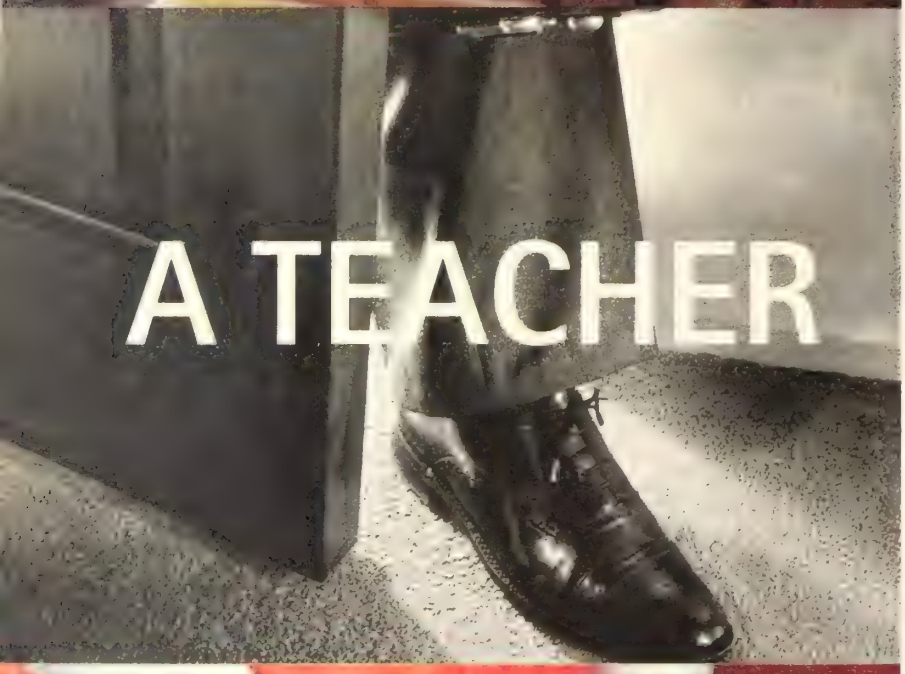
ORANGE urine can be a sign of hepatitis or possibly even malaria. Consult your doctor. Pyridium, an antibiotic used to treat a bladder or urinary-tract infection, may also turn your urine orange, as can eating a vegetarian diet.

SOURCE: MICHAEL J. MANYAK, M.D., CHAIRMAN OF THE DEPARTMENT OF UROLOGY AT GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER, IN WASHINGTON, D.C.


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A STUDENT



A TEACHER



A CRIME

It's the shocking scanda in our schools: Millions of students in the U.S. are sexually abused by their teachers. Here's what parents need to know to keep their children—and our nation's classrooms—safe **By Michael J. Weiss**

To the drama students at Winston Churchill High School, in Potomac, Maryland, few teachers were more influential than James Misenheimer, who decided which hopefuls would appear in the school's popular shows. Misenheimer, thirty-five, projected a hip image, driving a pickup truck and decorating his office with posters, candles and a sofa bed. Some students whispered that he occasionally turned that sofa bed into a casting couch.

"There were rumors, but I couldn't confirm anything," says Joan Benz, the principal of Churchill since 1997. "This man was a popular teacher. Parents saw him as being able to further the dramatic, dance and vocal careers of their children."

The community was stunned in February 1999 when Misenheimer was arrested for sending a female student sexually explicit E-mail messages. A few days later a fifteen-year-old girl told police that she and Misenheimer had engaged in oral sex and masturbation in his office after school. Misenheimer later pleaded guilty to a sexual offense involving the fifteen-year-old. "This guy was a sexual predator," says assistant state's attorney Alex Foster.

TEACHERS WHO CROSS THE LINE

While the sexual abuse of children has received increased awareness in recent years, attention is just starting to focus on *(continued on page 136)*

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nical studies, the most common side effect was dry mouth (61%). ever, only 1% of patients discontinued therapy for this reason. r common side effects were constipation (13%), drowsiness %), diarrhea (9%), blurred vision (8%), dry eyes (6%), dizziness , and runny nose (6%). Only 7% of patients in clinical studies ntinued therapy due to side effects.

ot take Ditropan XL® if you have certain types of stomach, uri- or glaucoma problems. If you currently take medication for a gastrointestinal disorder or have had a gastrointestinal blockage, gastroesophageal reflux, or esophagitis, your doctor should determine whether once-a-day Ditropan XL® is right for you.

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Please see brief summary of product information on next page.

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Please read this information before you start taking DITROPAN XL® (Dī' tro pan XL) and each time your prescription is refilled in case new information becomes available. Remember, this information is not meant to take the place of your doctor's instructions. Ask your doctor or pharmacist for additional information about DITROPAN XL®.

What is DITROPAN XL®?
DITROPAN XL® is used for the treatment of overactive bladder, reducing the symptoms of urge incontinence (wetting accidents), urgency (needing to urinate immediately), and frequency (urinating many times a day).

What should I know about overactive bladder?
Overactive bladder is a condition in which the muscles in the bladder may contract involuntarily, like a muscle spasm. In such situations, you may not be able to wait and may experience loss of urine before you reach a bathroom. The symptoms of overactive bladder generally include urge incontinence episodes, frequency, and urgency.

How does DITROPAN XL® work?
Oxybutynin (the active medication in DITROPAN XL®) acts by relaxing the muscles in the bladder, decreasing the occurrence of wetting accidents.

Does DITROPAN XL® cure overactive bladder?
DITROPAN XL® is not a cure for overactive bladder. It is a treatment for the symptoms of overactive bladder including urge incontinence (wetting accidents), urgency (needing to urinate immediately), and frequency (urinating many times a day). If you are still having bladder control problems after taking DITROPAN XL® for a week, discuss them with your doctor. Your dose of DITROPAN XL® may need to be adjusted.

Who should NOT take DITROPAN XL®?
Do not take DITROPAN XL® if:
- You are allergic to oxybutynin or any of the ingredients in DITROPAN XL® tablets.
- You have certain types of glaucoma, urinary, or stomach problems or you are at risk for these conditions.

What are the possible side effects of DITROPAN XL®?
In clinical studies, the most commonly reported side effects with the use of DITROPAN XL® included dry mouth, constipation, sleepiness, headache, diarrhea, nausea, blurred vision, loss of energy, pain, upset stomach, dizziness, dry eyes, runny nose, and urinary tract infection. Seven percent of patients stopped taking DITROPAN XL® because of any side effect and 1% stopped because of dry mouth. The frequency of dry mouth was dose-related.

Other less frequent side effects included stomach pain, dry nose and sinuses, accidental injury, back pain, flu syndrome, high blood pressure, rapid heartbeat, flushing, gas, acid reflux, arthritis, sleeplessness, nervousness, confusion, upper respiratory tract infection, cough, upper nasal congestion, bronchitis, sore throat, dry skin, rash, hesitancy, increased residual urine, and urinary bladder infection.

This is not a complete list of possible side effects. If you need more information, or develop any of these or other side effects, talk to your doctor or pharmacist.

How should I take DITROPAN XL®?
- Take DITROPAN XL® tablets by mouth once a day, every day, as prescribed by your doctor.
- The tablets must be swallowed whole with the help of water or other liquids. **DO NOT CHEW, CRUSH, OR SPLIT THE TABLETS.**
- You may take DITROPAN XL® with or without meals.
- You and your doctor together can decide the best time of day for you to take your medicine.
- If you forget to take DITROPAN XL®, take it as soon as you remember. However, if it is close to the time for your next dose (less than 8 hours), wait and then take the next tablet as usual. Do not take more or less than your prescribed dose at any one time.

What is the right dose of DITROPAN XL®?
The usual starting dose is one 5-mg tablet taken once a day. However, you and your health care professional will determine the appropriate dose for you. DITROPAN XL® is available in three strengths, 5 mg, 10 mg, and 15 mg tablets.

What medical problems should I discuss with my doctor before I begin taking DITROPAN XL®?
Talk to your doctor if:
- You have kidney or liver disease.
- You have a condition that puts you at risk of developing urinary retention.
- You have stomach or digestive problems.
- You currently take medication for a stomach or digestive disorder.
- You are pregnant or planning on becoming pregnant while you are taking DITROPAN XL®.
- You are breast-feeding.

Can I take DITROPAN XL® with other medications?
Tell your doctor or pharmacist about any medicines that you are taking, including prescription, nonprescription, and herbal remedies. Do not start taking a new medicine before checking with your doctor or pharmacist. Medicines that work the same way as DITROPAN XL® may increase the occurrence of some side effects, such as dry mouth, constipation, sleepiness, and blurred vision. DITROPAN XL® may affect the absorption of some medication.

Other Important Safety Information

Cancer and impairment of fertility
DITROPAN XL®, like most prescription drugs, was tested in animals before it was marketed for human use. These tests used doses much higher than recommended for humans. No evidence of cancer was demonstrated in these tests.

Use during pregnancy or in nursing mothers
There are no adequate and well-controlled studies in pregnant women. Therefore, DITROPAN XL® should be used in pregnancy only if clearly needed. Additionally, because it is not known whether DITROPAN XL® is excreted in human milk, DITROPAN XL® should be used in nursing mothers only if clearly needed.

Overdosage
Overdosage with oxybutynin (the active drug in DITROPAN XL®) has caused excitation, flushing or feeling hot, dehydration, heartbeat irregularities, vomiting, and urine retention.

How should I store DITROPAN XL® tablets?
As with any medications, DITROPAN XL® should be stored out of the reach of children. Store DITROPAN XL® in the original container at room temperature (59°F to 86°F). Do not store this medicine in damp places.

For more information on DITROPAN XL® talk to your doctor or pharmacist, call 1-888-DITROPAN (1-888-395-1232), or visit www.DitropanXL.com.

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SEXUAL ABUSE IN SCHOOLS

Continued from page 132

teachers who molest students. In her book *Sexual Abuse in Schools* (Jossey-Bass, 2000), Charol Shakeshaft, Ph.D., an education professor at Hofstra University, in Hempstead, New York, analyzes several research studies and conservatively estimates that 15 percent of students are sexually abused (defined as everything from sexual name-calling to serial rape) by teachers between kindergarten and the twelfth grade—an astonishing ten million students in the current school population. The abuse is reportedly caused by 1 to 3 percent of all teachers; roughly 95 percent of them are men. Their victims tend to be female students.

As recent headlines illustrate, sex between teachers and students is happening all over the country. In May 1998, a high-school math teacher from Santa Fe, New Mexico, was sentenced to eighteen months of probation for having sex with a sixteen-year-old girl in his home. In Banning, California, a football coach was sentenced to four years in prison for taking a fifteen-year-old girl out of class to have sex at local motels. In Flint, Michigan, a band teacher was sentenced to life in prison for repeatedly having sex with a middle-school teenage girl.

But not every abusive teacher is male. In a highly publicized case, Mary Kay Letourneau, thirty-eight, a schoolteacher in Tacoma, Washington, was convicted of child rape of a thirteen-year-old boy, with whom she had a baby in 1997. She was sentenced to seven and a half years; the judge suspended all but six months and ordered her to stay away from the student. Instead, Letourneau renewed contact with him in February 1998, and is now serving the remainder of her original sentence. She gave birth to a second baby fathered by the boy in 1998.

Teachers are rarely suspected of improper behavior, says Robert Shoop, Ph.D., professor of educational law at Kansas State University, in Manhattan, Kansas, and an expert on sexual harassment prevention. "These pe
appear to care a great deal about k
notes Shoop. "And they're often
liked, which is why they can get
with the abuse."

Other teachers are so respected
it's difficult for their colleagues to
lieve that they're capable of abuse
Stuyvesant High, in New York
when biology teacher and assis
principal Richard Plass, fifty-five,
arrested in May 1999 and charged
sexual abuse and endangering the
fare of a child, his colleagues
stunned at reports of him masturb
in front of a fifteen-year-old stu
and asking her to use a sex toy.
first reactions were disbelief and sh
then anger and disappointment,"
former principal J. Cozzi Perullo.

But when prosecutors establish
sex-abuse hot line in connection
the case, other girls called with ac
tions of inappropriate behavior.
were struck by the fact that many
dents didn't express shock over t
says Robert Brenner, first *(conti*

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(continued) deputy commissioner of investigations for the New York City school district. "It suggests that administrators should have been watching this guy more closely."

In August, Plass pleaded guilty to the charges involving the fifteen-year-old girl. He was sentenced to three years probation, ordered to surrender his teaching license and to get counseling. Says his attorney, Roger Adler of Manhattan, "He is looking deeply inside to see what brought about this situation."

VICTIMIZED TWICE

Experts acknowledge that many more cases of misconduct occur every year than ever get reported. Students are often reluctant to come forward for fear they won't be believed or that the school won't take action.

All too often, school officials simply suppress suspected teacher offenses in order to avoid the negative publicity. A 1997 study of 225 school districts with sexual offenders found that 54 percent quietly removed a teacher from the district rather than revealing a sex abuse charge as the reason for dismissal. "Administrators fear lawsuits from teachers more than from students," says Charol Shakeshaft. "The due process is so lengthy and costly that they just want to get the teacher out of the system as quickly as possible." The practice of allowing wrongdoers to move unpunished from one school to another has its own name among administrators: "passing the trash."

As a result, many students wind up doubly traumatized: first by the teacher, and second by a system that protects its ranks rather than its schoolchildren. The damage can be devastating. Researchers report that victims experience psychological problems, emotional disorders and dysfunctional relationships.

Take the case of Guerry Glover, thirty-four, of Charleston, South Carolina. In 1997, he went public with a grievance against Edward Fischer, a science teacher at the private Porter-Gaud School from 1972 to 1982. Glover claimed he'd been victimized for years by Fischer, beginning when he was in sixth grade, and that the school had ignored complaints about the teacher.

"I felt resistance was futile," says Glover. Gradually, his grades declined and he began drinking and smoking marijuana. He even tried to commit suicide.

In 1982, Glover was expelled from Porter-Gaud and admitted to a smaller private school, College Prep. Soon after, another Porter-Gaud student complained that Fischer *(continued)*





(Top) In New York, teacher and assistant principal Richard Plass pleaded guilty to sexually abusing a fifteen-year-old. In Charleston, South Carolina, science teacher Edward Fischer (middle, right) was convicted of molesting thirteen students, including Guerry Glover (shown in an eighth-grade photo)

HOW TO KEEP YOUR CHILDREN SAFE FROM SEXUAL ABUSE IN SCHOOL

1. Call your child's school to determine if the administration has a policy prohibiting sexual abuse and harassment. If not, ask them to adopt guidelines that forbid any romantic relationship between teacher and student.
2. Urge that any complaints of sexual misconduct be investigated by police. Lobby your school board and superintendent to impose civil and/or criminal penalties on educators who don't report cases of suspected sexual abuse to outside authorities.
3. Make sure your school board conducts a criminal background check on every school employee to weed out any sex offenders. Most states require checks, but some do not. If yours is one of them, urge your elected officials to pass legislation on this issue.
4. Be alert if a teacher seems especially close to your child. Ask your son or daughter about any physical contact—and discuss "good" and "bad" touching.
5. Impress upon your children the importance of reporting cases of sexual abuse or inappropriate behavior between teachers and students.
6. If you suspect sexual abuse, tell a principal and the school superintendent, and notify law enforcement officials. If you're wrong, there are plenty of legal safeguards to protect a teacher's career. And if it is happening, then you'll help save that child—and potentially others. —M.J.W.

A **CRIME STORIES** ORIGINAL

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Angered by the cover-up of sexual abuse by teachers, some parents are taking matters into their own hands

(continued) had made a sexual pass at him, and the school requested Fischer's resignation. No one notified police, the principal later remarked, because "this was a school problem." To Guerry Glover's horror, Fischer moved to College Prep. There, the teacher continued to abuse Glover and other students for two years. In 1986, Fischer applied for a job at a public high school, and James Alexander, then the principal of Porter-Gaud, wrote a recommendation, calling Fischer's character "above average."

Meanwhile, after years of psychotherapy, Glover was determined to take action. Twice, he went to Porter-Gaud for help in removing Fischer from the public school system and setting up a counseling fund for victims; both times he was rebuffed.

Finally, in May 1997, Glover told a school board member about the abuse and Porter-Gaud's inaction. Within days, Fischer resigned. Five months later, he was arrested on sexual abuse charges.

Porter-Gaud denied any fault in the case, asserting in a letter to the press that the school "has taken both legally and morally appropriate action." But twelve other victims of Fischer's abuse stepped forward to corroborate Glover's account. Four filed civil claims against Porter-Gaud and one of them is also suing the public school district for negligence. The cases took their toll on some of the administrators. Just before former Porter-Gaud principal James Alexander was set to be deposed, he committed suicide.

"Some people think that was a cowardly act," says David Flowers, one of the lawyers representing victims in the civil case. "To the end, everyone cared more about the reputation of their prestigious schools than protecting their children."

Today, Fischer, now seventy-two, is serving a twenty-year sentence for thirteen counts of sexual abuse. Glover remains in therapy but claims he's finally free of a lifetime of shame. "As scary as it was to spill my guts in public," he says, "I'd take it any day over keeping everything secret."

FIGHTING BACK

Angered by the cover-up of the problem of sexual abuse by teachers, some parents are taking matters into their own hands. Last April, the families of some alleged molestation victims filed a multi-million-dollar lawsuit against the Osborn School District, in Phoenix, claiming that Longview Elementary principal Joanne Talazus ignored complaints against a counselor. Two months earlier, a grand jury had indicted thirty-one-year-old Ronald Ruelas on twenty-three counts ranging from indecent exposure to sexual abuse. He pleaded not guilty, and as the *Journal* went to press, he was still awaiting trial.

One month after the civil suit was filed, Talazus, fifty-one, was indicted for failing to protect her students. According to the indictment, Talazus dismissed repeated warnings about Ruelas from students, parents and staff that dated back to 1994. Talazus later told police that she was aware of two incidents but they had been resolved with the parents of the children.

"Over and over, she put these children in harm's way," says Richard M. Romley, the Maricopa County attorney. "She's as responsible for the child abuse as the person who did the harm." (Talazus pleaded not guilty and is awaiting trial. Her attorney did not return the *Journal*'s phone calls.)

But not every case of abuse is clear-cut. In fact, age-of-consent laws make sex between a student and teacher legal in twenty states if the student is sixteen or older, twenty-three states if the student is at least seventeen, and forty-eight states if the student is eighteen.

To reduce the incidence of sexual abuse—no matter the age of the student—a growing number of education experts advocate zero tolerance of sexual misconduct by school employees. At least sixteen states have passed Position of Trust bills that make any educator who has sex with a child under eighteen guilty of a felony and subject to prison time. Still others are considering tougher school reporting laws and background checks. Donna Covello, president of a victims network called Survivors of Educator Sexual Abuse and Misconduct Emerge (S.E.S.A.M.E.), believes that all teachers should undergo regular training in professional ethics and adolescent development.

Experts like Covello argue that much remains to be done. The education community needs to report abusive teachers to reduce the pass-the-trash phenomenon. And schools need to be held accountable. Two years ago the U.S. Supreme Court ruled that school districts can be held financially responsible in cases of sexual harassment and abuse, but only if a school official is directly informed of the incident, and acted deliberately indifferent. "Those are pretty high standards," says Covello.

Critics say that change is unlikely as long as schools are motivated more by the fear of litigation from teachers than the responsibility of safeguarding students. For educators, protecting students isn't just the right thing to do. It's their duty. ■

FOR MORE INFORMATION
You can contact S.E.S.A.M.E. at 681 Route 7A, Copake, NY 12516; call 516-329-1265; or visit their web site at members.tripod.com/~sesame3.

GROW POTTED PLANTS TWICE AS BIG."

James Whitmore



show that plants grown in Miracle-Gro® Potting Mix twice as big as in ordinary potting soil. Because ours only one that blends dark, rich organic ingredients with just the right amount of Miracle-Gro Plant Food. It's the perfect combination to turn your potted plants into potted miracles. Miracle-Gro guarantees it.

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Flower Power

April is National Garden Month—so why not add some color to your life? Here's what's hot in horticulture.

ZINNIAS Vivid blossoms (shown) just keep coming—for months—earning flower of the year honors from the National Garden Bureau in Downers Grove, Illinois. Plant a rainbow of them—they're available in every color but blue. **BUTTERFLY BLUES** If you love lavender-blue blooms, try the plant of the year from the Perennial Plant Association in Hilliard, Ohio. Tall with pincushion-shaped flowers, they thrive in sun or light shade and bloom from late spring to fall. **SUNFLOWERS** These bright-faced favorites are as popular as ever. The newest varieties have smaller, more numerous blossoms; others are pollen-free.

BRIGHTEN A RAINY DAY

Arm yourself for the elements with one of these nifty umbrellas, and soon you'll be singing in the rain.

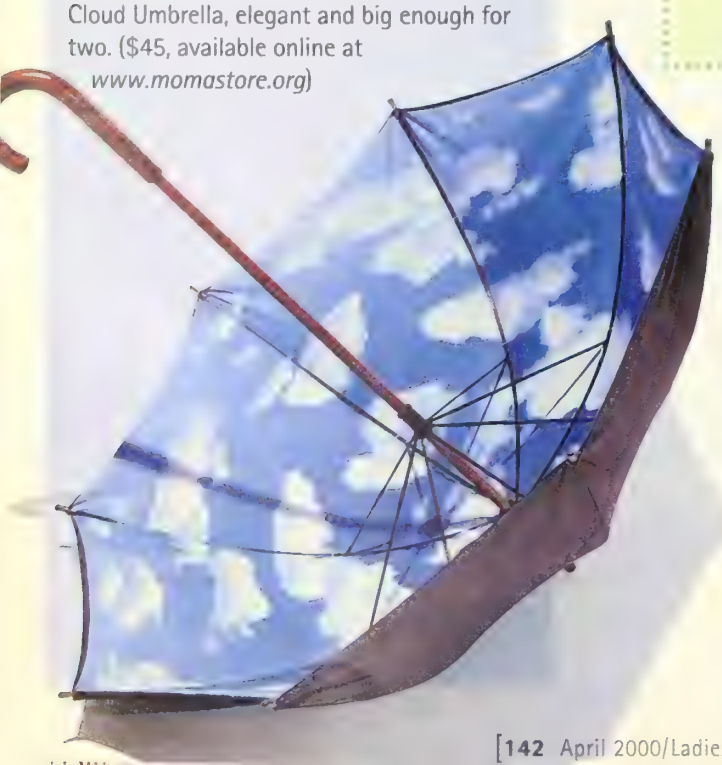
GO TINY: The Pocket Wonder umbrella folds up into its own cell phone–sized case. (Totes, $22)

SEE AND BE SEEN: The kiddie SplashFlash umbrella features a flashlight in its handle and glow-in-the-dark features. An adult version, the Nightlighter, is also available. (Totes, $9.99–$22)

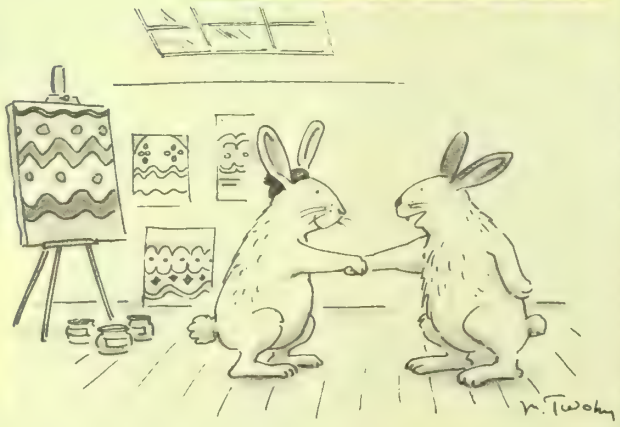
LIGHTEN YOUR LOAD: Made out of high-tech Shimmer Light material, the Weight-Less umbrella tips the scale at barely 6 ounces. (Liberty, $28)

SUN SHOWER SHIELD: The Silver Unique golf umbrella provides 100 percent UV protection during rain or shine. Its special coating also reflects heat, making it a cool companion on bright, sunny days. ($51–$79, available online at *www.HolbornGolf.com*)

THINK POSITIVE: During a downpour, you'll enjoy blue skies under the dazzling Cloud Umbrella, elegant and big enough for two. ($45, available online at *www.momastore.org*)



CARTOON CLASSIC



"I hear you've been doing exciting things with eggs and dye."

FUN APRIL FOOL'S FACTS

The modern version of April Fool's originated circa 1562, when Pope Gregory introduced a new calendar with the year beginning January 1. Many kept celebrating on April 1, thus the "April Fool's" coin arose.

In 1998, Burger King® ran an ad in *USA Today*, announcing a new left-handed Whopper®. The ad was obviously a hoax, but company spokesmen said thousands popped in to request the "new" lefty burger.

In France, April 1 is known as "Poisson d'Avril," in which children tape paper fish to each other's backs and yell, "April Fish!" The adults exchange life-size chocolate fish.

ant an easy dessert that everyone will love?

Make pizza.



Hershey's® Easy Pizza Brownie

3/4 c. (1½ sticks) butter or margarine, melted
1½ c. sugar
1½ tsp. vanilla extract
3 eggs
1/2 c. HERSHEY'S Cocoa
3/4 c. all-purpose flour
1/2 tsp. baking powder
1/4 tsp. salt

1. Heat oven to 350°F. Grease 12" pizza pan or 13"x9" baking pan. If using a disposable pizza pan, place on cookie sheet to bake.

2. Use only a spoon to beat melted butter, sugar, vanilla and eggs in large bowl. Stir in dry ingredients until well blended. Spread into pan.

3. Bake 20 to 22 min. or until top springs back when touched lightly. Serve plain or sprinkle *hot* brownie with HERSHEY'S chocolate or white chips, REESE'S® Peanut Butter Chips, MOUNDS® Coconut, SKOR® or HEATH® Toffee Bits.

For more recipes: www.hersheys.com/cookbook

Hershey Foods Corporation



Kathie Lee SPEAKS OUT

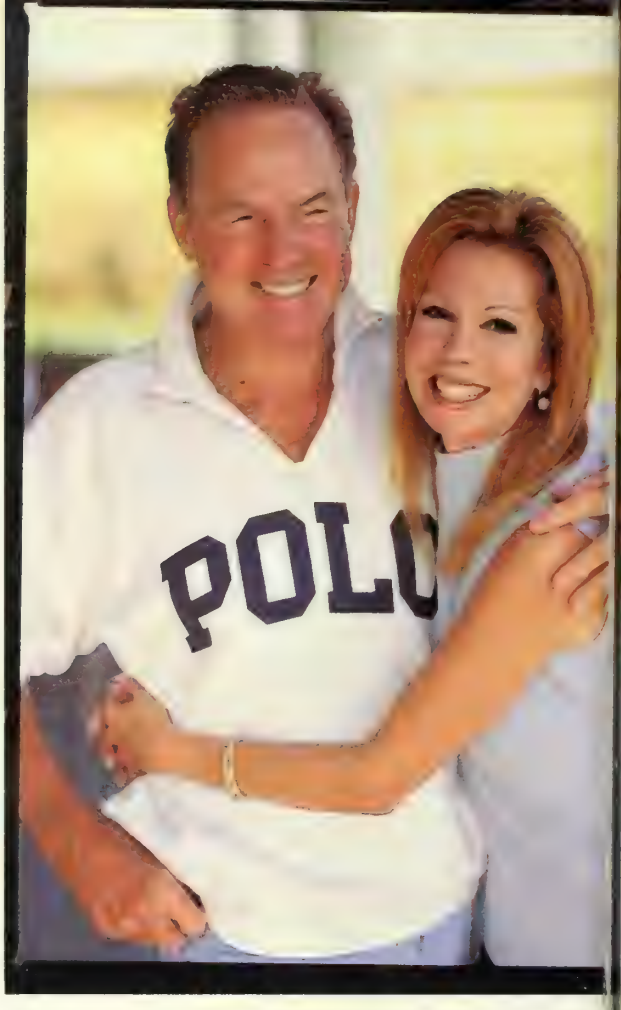
IN THIS EXCLUSIVE INTERVIEW, KATHIE LEE GIFFORD REVEALS WHY SHE FORGAVE FRANK, AND THE SURPRISING PAIN THAT DEVASTATED HER MORE THAN HER HUSBAND'S ADULTERY

BY MEREDITH BERKMAN

Kathie Lee Gifford has finally figured out how to silence her critics. Whenever the talk-show host reads a nasty story about herself in the press—and she has certainly seen a lot of them—she immediately fires off a response. "I make a contribution in their name to Cassidy's Place [a program for HIV-positive and crack-addicted children, funded in part by Gifford and her husband, Frank, and named after their daughter]," says Gifford. "I write the check, and they get a little note saying, 'In light of your recent comments, Kathie Lee Gifford has made a donation.'" She pauses for a moment, clearly relishing the irony. "I haven't heard back from one person," Gifford reports, smiling. "But I don't do it for them. I do it for me. I take their garbage and do something good."

In many ways, that indignant-but-upbeat attitude has become the guiding principle of Gifford's life. Far from the open book many fans of *LIVE with Regis & Kathie Lee* believe her to be, Gifford claims to be a private person whose public image has been questioned, and even lampooned. (For example, when she sent a note of support to Howard Stern after hearing about his separation from his wife, Stern snidely read it over the air.) Those closest to her insist that her critics are unnerved by a star unwilling to compromise her religious faith and deep commitment to sharing with others the wealth her fame has created. Her critics, of course, would argue that she's brought such vicious reviews on herself by discussing her life on her show.

(continued)



(continued) "She's an easy target," admits her husband, "because she wears her heart on her sleeve. And it's a genuine heart." Over the last couple of years, buffeted by the scandal involving Frank's adultery and charges that her Wal-Mart clothing line is manufactured in sweatshops, Gifford has worked hard to maintain her composure in the face of intense media scrutiny. And in the process, she has been chastened by her experiences but even more determined to fight for her causes. "I know I've made mistakes," Gifford says, "and I'm hardly Mother Teresa. But I ain't Hannibal Lecter, either."

THE POWER OF FORGIVENESS

By all accounts, the news that Frank had cheated on his wife with former flight attendant Suzen Johnson—who, it turned out, had been paid by the tabloid *The Globe*—was devastating. It was May 1997, and Gifford, who had at first denied the story on *LIVE*, was faced with a choice: She could abandon the ten-year storybook marriage she had repeatedly bragged about, or she could try to forgive him, salvage their relationship and protect their family. For Gifford, who was divorced after a six-year marriage to gospel composer Paul Johnson in 1982, it was an obvious decision. "Nothing in life prepares you for having to face [adultery]," she says, the light glinting off two thick diamond-encrusted bands she wears on her left hand. "Especially when you have what you think is a great marriage. But I think it's proven now that all the things I said about our marriage are true. Otherwise I wouldn't be sitting here." We are having lunch at one of Gifford's favorite Manhattan spots, an elegant, family-run Italian restaurant. The owner knows what she wants for lunch (chopped salad and a glass of chardonnay). Frank drops by, and there is no mistaking the look of affection that passes between them as Gifford reaches up to brush crumbs from her husband's tie. When I ask Gifford, forty-six, about the "hard time" she and her sixty-nine-year-old husband have weathered, she at first declines to discuss the subject. But moments later, she says, "Someone who consciously and habitually hurts their marriage is different than someone being set up by a tabloid to destroy their family," she says. "I would never tolera [the former] in my life. That would diminish me as a hu man being, and would diminish my children. Chron behavior is very different from aberrant behavior. Yo don't condone it, but you have to say, 'How and why d it happen?'" She continues, "Do you give up the gre marriage for one incident that was yes, painful, yes, ter ble, and yes, horrifying? When someone you love disa points you on a deep level it's devastating, but you ha to weigh the love with the hurt, the good with the hu the great memories with the hurt. If the scales are tipp [toward love], that puts it in perspective. Would I ev want to go through it again? Never. And I will not through it again. Frank knows that I won't."

"It's not possible to be perky when you are fighti



"I'm hardly Mother Teresa, but I ain't Hannibal Lecter, either," says Gifford

According to Gifford's sister, Michie Mader, forty-our, a professional singer and one of the producers of Joy hilbin's show *Haven*, Frank privately approached and pologized to each member of his wife's immediate fami-. "That's not an easy thing to do," says Mader. "Kathie sked me to forgive him because she had. What else could do? It doesn't mean I don't struggle with it at moments, ut if she can, who am I not to?"

At the same time, Gifford says, the couple underwent serious" marital therapy—Frank continues to attend ounseling sessions every week and she goes occasional-—which enabled her to eventually work through her ain. "Sometimes when you can't forgive your husband, ou have to forgive your children's father," she says qui-tly. "And that is what can get you through until you for-ive your husband." Ten-year-old Cody and six-year-old Cassidy had no idea that there was any estrangement be-ween their parents. "Their world never changed, not or one moment," Gifford says firmly. "[What happened] vill one day have to be addressed, when we feel it's ap-ropriate. They'll see how much we love them because f the way we dealt with it."

But no sooner had Gifford rebuilt her world only to ave it fall apart again. The labor abuse allegations from 996 were back to haunt her. The National Labor Com-ittee, a workers' rights group led by activist Charles ernaghan, had claimed that the Kathie Lee clothing line as manufactured in factories in Honduras that employed hild labor. Devastated by Kernaghan's accusations, Gif-ord fought back by hiring independent factory monitors. hen last September, Kernaghan produced two workers om an El Salvador factory that made Kathie Lee clothes, ho claimed they were fired for attempting to organize a union. Kernaghan also asserted that the conditions hadn't improved; workers were subject to poor ventilation and dirty drinking water. Gifford was furious. "Since I was eleven years old I've been raising money for children," says Gifford, who auctioned off a treasured Beatles album at her first fund-raiser, for muscular dystrophy. "Explain to me how ludicrous it is for someone who's spent their whole life working for kids to all of a sudden say, 'Now I think I'll put kids to work behind a sewing machine in a third-world country.'"

But Kernaghan's charges rocked Gifford, a deeply spiritual Christian, who often quoted Scripture on her treadmill to quell her anger. "I can do all things through Christ who strengthens me," she called out in a staccato rhythm as she ran. She used *LIVE* as a forum to defend herself, a move that brought her even more negative publicity.

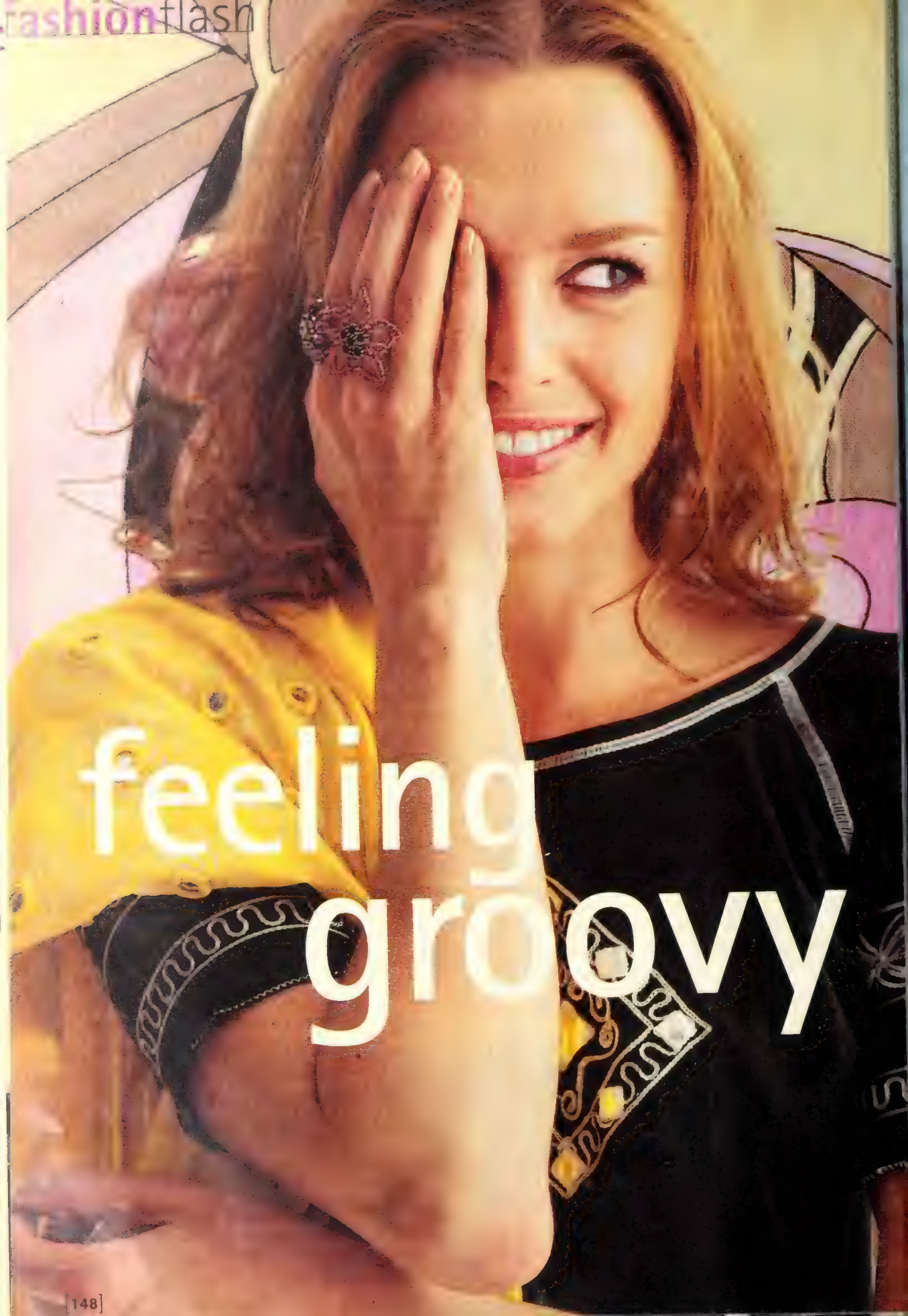
But even Kernaghan acknowledges Gifford's attempts to fight labor abuses, although he believes she hasn't done enough. "What I give her credit for is hanging in there and taking a beating," Kernaghan says. "As she became educated on the subject, she took the American people along with her."

Gifford seems almost obsessed with protecting her reputation, pointing to her role on the Fair Labor Association (a sweatshop monitoring group formed by a White House task force), and the numerous appearances in Washington and Albany she has made to speak out on the subject. (She even testified before Congress in 1996.) Her sister believes that in some ways Gifford was more affected by the sweatshop scandal than by Frank's adultery. "It killed her," Mader says simply. "It was about children. And anybody *(continued on page 197)*

atshops and trying to heal your marriage"



From left: Speaking out against labor abuses at the White House; Gifford's parents and her sister, Michie; on the stage in *Putting It Together;* with *LIVE* co-star Regis Philbin; with the kids at Cassidy's Place; with son, Cody, and their *Model Behavior* co-star Maggie Lawson.



feeling groovy



Fashion has gone back to the future with fun-to-wear clothes in feminine colors, with retro details like ruffles, beading and embroidery. Welcome to Spring 2000

By Lois Joy Johnson

it's a wrap

Winter's pashmina craze gives way to a new season: A big and bright light-as-air gauze wrap can be the singular sensation that ushers today's trends into your wardrobe. Adorned with tiny mirrored disks surrounded by embroidery, it's got style to spare. Scarf, $44, tee, $36, both by Blue Plate; rings, Tarina Tarantino.

prints charming

Jeans are jazzing up their act in Pucci-inspired designs and exotic animal prints. Keep the look calm and cool by pairing them with simply styled solid-color tops. Pants, A.B.S by Allen Schwartz, $140; shirt, Old Navy, $26; pink shell, Bulldog, $38; cuff bracelet, R.J. Graziano; mules, Isaac.



ruffled edges

If tailored-to-the-max jacket-and-skirt suits haven't been pushed to the back of your closet yet, now's the time: Work-worthy looks sport comfort, color and pretty little flourishes like this ruffled hem. Look for styles in fluid matte jersey fabrics and mix shades like lemon, fuchsia and coral. Skirt, Only Hearts, $84; camisole, $34, and cardigan, $54, both Guess?; slides, Adrienne Vittadini.



ringe elements

Lacy fringe or sparkly bugle beads trimming the hem give capri pants a funky update for spring. Add an embroidered white camp shirt for a casual look that's both bohemian and up-to-the-minute trendy. Pants, Finity Studio, $138; shirt, United Colors of Benetton, $88; headkerchief, Colette Malouf at Prive.



in stitches

Tiny embroidered flowers and black blanket-stitch edging pretty up a plain peasant tee, making it a match for attention-getting zebra-print jeans. Tee, White & Warren, $84; jeans, Guess?, $78.

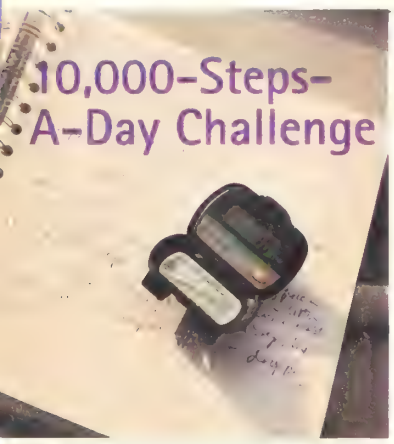
the bead goes on

From the skinny straps of the tank top (right) to everything but the sole of these sandals, beads are the embellishment of the moment, top to toe. Fabric linings and even techno-look electrical tape, as on the DKNY pair (right, $6 give classic dark-blue denims hip new style off the cuff. Tank, Lauren by Ralph Lauren, $64; sandals, Beverly Feldman $109; headband, Frou by Paige Novick at Privé.

WALK IT OFF

WANT TO LOSE WEIGHT, FEEL GREAT AND REDUCE YOUR HEALTH RISKS? TAKE A WALK! MORE AND MORE RESEARCH SHOWS THAT IT'S ONE OF THE BEST WORKOUTS AROUND

BY MARGIT FEURY



Recent studies found that women who wore pedometers and aimed for 10,000 steps per day lost weight—without any formal exercise. But how easy is it to take 10,000 steps—or about five miles—in one day? To find out, we asked two women to wear pedometers. Here, excerpts from their step diaries:

Courtney, 31, stay-at-home mom to two boys (ages five and three) in Asheville, North Carolina.

MONDAY: Except for an appointment, I spent the day at home looking after the boys. Total: 2,183 steps.

TUESDAY: I took 500 steps just getting my husband off to work, feeding the boys and getting dressed! But at the end of the day, which included a trip to the mall and grocery store (where I cruised the aisles to boost my steps), and household chores, my total was still only 3,540. It's hard for me to believe that most people average 6,000 steps a day.

WEDNESDAY: I walked every aisle of Toys "R" Us and parked at the opposite end of the mall. Later, I went for an hour-long walk, which gave me an extra 5,200 steps. Put the boys to bed, more chores and—finally!—10,461 steps. Whew.

THURSDAY: I ran errands all day, even walked the aisles at the drugstore while waiting for a prescription. Still, at ten P.M., I'm only at 2,427. Reaching 10,000 steps is next to impossible unless I take an hour-long walk, something I rarely have time to do.

Anna, 28, single, magazine editor in New York City.

TUESDAY: I put the pedometer on at ten A.M. I took 61 steps just testing it out walking up and down the hallway at my office. By the time I picked up lunch a few blocks away, I'd *(continued)*

ONE WOMAN'S STORY

Three years ago, when Ginny Lamprich, 29, a mother of two who weighed 250 pounds, saw a photo of herself, she was horrified. "I knew I had to do something. But I couldn't spend an hour a day in an aerobics class. So I put the kids in a stroller and began walking." By six months, she was walking every day at a mall for an hour. Over the next year and a half, she dropped 111 pounds. "I changed my diet, but I know walking is what got me into a size six."



MAKING HEALTHY STRIDES

These are just some of the benefits of walking, according to decades of research. **Lower your heart-disease risk:** The latest study found that those who walked briskly three hours a week had a 30 to 40 percent lower rate of heart attacks than sedentary women. Those who walked five hours a week cut the risk by 50 percent. **Build stronger bones:** The density of a woman's bones is directly related to how much weight-bearing exercise she does. Walking is one of the best weight-bearing exercises. **Reduce your risk of diabetes:** In a recent study, walking was found to reduce the risk of type II diabetes by lowering blood-glucose levels. **Lose weight:** A study from the University of Massachusetts Medical School, in Worcester, found that the average person can lose eighteen pounds in a year—without changing her diet—if she walks about four times a week for forty-five minutes. **Stay injury-free:** One twenty-eight-week study found that runners missed eleven workout days due to injury, whereas walkers missed only one and a half days. **Lift your mood:** Numerous studies have associated exercise with a reduced risk of depression.

(continued) reached 2,000 steps; arriving home at seven P.M., I was at 4,341. (I live and work right by the subway, but I live on the sixth floor of a walk-up.) My total for the day: 5,163.

WEDNESDAY: By the time I got to work, I had taken 1,331 steps. I spent most of the day at my desk, with a few trips around the office (coffee, copier) and across the street for lunch. Leaving the office at six, I was at 4,023 steps. After stopping at the grocery store: 5,322 steps. Later, at the gym, I ran three miles. When I got home, I was at 15,359!

THURSDAY: At lunch I ran out to pick up a gift. I'm already at 4,889. Just walking to the fax machine earns me 53 steps. Leaving work: 6,118. After meeting friends (we walked 15 blocks to a restaurant, but I took a cab home), I went to bed with 11,642.

SATURDAY: I admit, I didn't get moving until around noon, but after five miles on the treadmill, I'm at 14,493. Later, I took the subway downtown to meet friends, where we walked to a couple of places. At twelve forty-five A.M., I recorded 20,260 steps! It was easy for me to exceed the goal—and it was fun keeping track. In fact, all of my friends are asking to borrow my pedometer!

(The pedometer we used was from Accusplit. To order, turn to page 64.)



flex time

A few simple stretches at the end of your walk will keep your muscles flexible and help prevent injury. Hold each for 30 seconds, then repeat on the other side. **1.** Drop your right arm behind your head. With your left hand, reach up and grab your right elbow. Pull gently. **2.** Stand straight with your shoulders back. Bend your leg at the knee. Hold your raised foot with your opposite hand, pulling it toward your buttocks. **3.** Take a small step forward with your left foot and straighten your leg; bend your back leg. Lift the toes of your left foot. Lean forward, as you sit back on your bent leg. **4.** Take a step forward and bend your knee, keeping your opposite heel on the ground.

THE RIGHT MOVES: It's true that your chances of getting injured while walking are slim (provided that you stretch), but do keep a few things in mind. Walk with your back straight and shoulders back. Focus on quick, rather than longer strides. Bend your arms 90 degrees at the elbow. Aim for a compact arm swing—your arms should trace an arc from your waistband up to about chest height. And really push off with your toes at the end of each step.

Shin problems develop when you put on too much mileage too soon. If you feel pain, slow down. Pain in the knees and lower back can result from a lack of flexibility.



SOLE SEARCHING

A good walking shoe should have a low, rounded heel, a flexible forefoot, a firm arch and adequate cushioning. Here are four good shoes for every foot type.

New Balance 841 Designed for speed and stability. Flexible in the forefoot. $80

Asics Gel-Strand II All-around performer. It's flexible and light, and because it has a little more lift in the back, you can even run in this shoe. $75

Nike Air Totality A very durable shoe, with excellent cushioning. $80

Adidas Talocan Overall, a good conservative shoe, which means it's best for the casual walker (30 minutes, five times per week). $60

A SIMPLE PLAN

ow much do you need to alk? According to the urgeon General, thirty inutes of moderate xercise five days a week is l that is necessary to chieve the health benefits f walking. That's what ou'll accomplish in the first our weeks of our plan, esigned by Mark Fenton, ditor-at-large of *Walking* agazine, author of *he 90-Day Fitness Walking rogram* (Perigee, 1995), nd five-time member of he United States national ace walking team. If you ant to lose weight, step up our workout by adding ace and endurance.

WEEKS 1–4 *Build a daily abit:* Aim to walk at least x days a week at a pace of mph. Goal: BASIC HEALTH

WEEK 1

unday	20 minutes
londay	15 minutes
uesday	20 minutes
Vednesday	15 minutes
r off day)	
hursday	20 minutes
riday	15 minutes
aturday	30 minutes

WEEK 2 Add 5 minutes to Monday, Wednesday and Friday.

WEEK 3 Add 10 minutes to Saturday, Tuesday and Thursday.

WEEK 4 Add 10 minutes to Tuesday, Thursday and Saturday.

WEEKS 5–8 *Add time:* Aim to walk up to 45 minutes several days a week. Goal: WEIGHT LOSS

WEEK 5

Sunday	30 minutes
Monday	20 minutes
Tuesday	45 minutes
Wednesday (or off day)	20 minutes
Thursday	45 minutes
Friday	20 minutes
Saturday	45 minutes

WEEK 6 Add 5 minutes to Monday, Wednesday, Friday and Saturday.

WEEK 7 Add 10 minutes to Saturday and Tuesday.

WEEK 8 Add 10 minutes to Sunday and Thursday.

WEEKS 9–12 *Add intensity:* Make your walks tougher. Swing your arms like a pendulum and push off hard with your feet. Add hills or stairs. Goal: REAL FITNESS

WEEK 9

Sunday	40 minutes
Monday (pick up the pace; walk at least 4 mph)	25 minutes
Tuesday	55 minutes
Wednesday (or off day)	25 minutes
Thursday	55 minutes
Friday (pick up the pace)	25 minutes
Saturday	60 minutes

WEEK 10 Speed it up on Tuesday as well.

WEEK 11 On Friday, try an interval workout, where you speed up for two minutes, then ease up for the next two minutes.

WEEK 12 Keep increasing your speed.



The TRIALS of HUN

HER LIFE HAS BEEN ALMOST AS DRAMATIC AS THE SOAP OPERA IN WHICH SHE STARS. FIRED FROM *MELROSE PLACE* AFTER ANNOUNCING SHE WAS PREGNANT, SHE SUED ONE OF HOLLYWOOD'S BIGGEST PRODUCERS AND WON. A SHORT TIME LATER, HER DAUGHTER KATYA BECAME CRITICALLY ILL. HERE, THE ACTRESS TELLS HER INCREDIBLE STORY

BY HUNTER TYLO

IN MARCH 1996, I LEARNED THAT I WAS PREGNANT after a year of trying for another child. My husband, Michael, hugged me when I told him; my boys, Chris, then fifteen, and Mickey, then seven, jumped up and down in glee. My mind flew off in a million happy directions. After working at the daytime drama *The Bold and the Beautiful* for six years, I had just been hired on the Aaron Spelling prime-time series *Melrose Place*. A new baby and a new job—what could be better?

I knew I needed to discuss the situation with my manager, Marv Dauer, particularly in regard to *Melrose Place*. "I think we'd better call them," Marv said. "That way, the writers can figure out what you'll be doing."

A couple of days later, Marv called back. "I talked to the executive producer, Frank South," he said, "and . . . he's not happy about the news. He feels like this might throw a wrench in some of the network's plans. But I'm sure it will work out. It can't be that big a deal."

I had never heard of an actress's pregnancy causing a problem. Television shows use camera angles and body doubles, and rewrite scripts to deal with such situations.

During my preliminary meeting with the Spelling people in January 1996, the executives were lavish in their praise, and shortly afterward, I was offered the part on *Melrose* without even having to audition. "We need someone strong, confident and beautiful enough to make trouble for Heather Locklear's character," Frank South told me. "We think you'll be perfect. I can't *(continued)*

FROM "MAKING A MIRACLE" BY HUNTER TYLO. COPYRIGHT © 2000 BY HUNTER TYLO. REPRINTED BY PERMISSION OF POCKET BOOKS, A DIVISION OF SIMON & SCHUSTER, INC.



With Katya, during her battle with cancer

TER TYLO

(continued) tell you how much Aaron loves you."

At first, I turned the offer down. Though the character and her storyline hadn't been written yet, Frank explained that she would probably be cheating on her husband out of revenge. This conflicted with my Christian beliefs, and I didn't feel right doing it. "Anything that comes up, my door is always open," Frank assured me. "We'll work it out until you're comfortable." That was what I needed to hear. I signed the contract, and I seemed to be on my way—until my pregnancy.

I didn't hear anything from Spelling Entertainment for more than a week. Then on April 10, I was in the kitchen when Michael came in, looking as if he'd just been told about a death in the family. "Honey, I have to talk to you about something," he said. He was holding a faxed letter. "I don't want you to be upset."

"What is it?" I said. "You're getting me scared. Tell me what's going on."

"This fax just came to Marv," he said.

It read: *STI* [Spelling Television, Inc.] *has been advised by our representatives that you are pregnant. Although we wish you much joy in this event, your pregnancy will result in a material change in your appearance during producing of a substantial portion of the 1996/7 season of the Series. Your material change does not conform with the character you have been engaged to portray. . . . Accordingly, STI is hereby exercising its right to terminate the Agreement. . . .*

I sat there, disbelieving. I must have reread that letter ten times. The contradictory statements were so confusing. They were firing me because I was pregnant, I finally realized. But they also wished me much joy? I was indignant. I was being deprived of having any say in a decision that would determine much of our future.

I called my agents. I called Marv. They all said, "We're sorry. We'll get you something else." I sat at home and brooded. Were the Spelling people right? Had I broken the contract? It specified that I wasn't allowed to change my appearance, and in the entertainment business, usually that means a deliberate change. If I shaved my head, or cropped my hair short and dyed it blond, or if I put an earring in my nose and it didn't make sense for the character, then I would be changing my looks.

Then I thought, Okay, what are the ways to resolve something like that? If I cut my hair, I'd put on a wig. If I'm having a baby, I can have surgery to take it out. . . .

I immediately hated myself. Then I realized that, however repugnant, it was a logical solution in a situation where a pregnancy breached a contract.

At that moment, after not talking to God or listening to Him for quite a while, I heard God speak to me very clearly: *Do you think you are the first one who ever felt like this or faced that thought? This is a problem much bigger than just you. This is your battle. This is your work.*

I was frightened. If I fought this, my career would be



From top: With lawyer Gloria Allred; my "sex vixen" maternit outfit; Aaron Spelling, chairm and CEO of Spelling Televis Michael and m happy again; o *The Bold and t Beautiful*

My lawyer argued, "A woman today doesn't have to make a choice between having a family and having a career"



Izabella, Katya and me. Happily, Katya no longer needs chemo, although there is still a chance that the cancer may return

over. Who in the industry would want to touch an actress who challenged Spelling Entertainment? But if I didn't fight it, then the problem might never be addressed. People like these producers would have the power to influence working women not to bear children.

Only a woman willing to make one of her first truly unselfish choices would enter this kind of fight. I had already made enough selfish ones for a lifetime, many of which were still haunting me.

SECOND CHANCES

The first time I went through a "problem pregnancy" was right after graduating from high school. I became pregnant and married the baby's father. My son Christopher was the joy of my life, but my marriage didn't work out, and I left my husband shortly after moving to New York, where I earned a role on *All My Children* in 1985.

Two years later, Michael Tylo joined the AMC set as Susan Lucci's new love interest. We dated, fell in love and married in July of 1987. Our son Mickey was born the following spring. But our marriage was troubled almost from the beginning. When Michael and I feared losing each other, we resorted to fighting.

In 1990, we moved to Los Angeles, and I was hired to play Dr. Taylor Hayes on *The Bold and the Beautiful*. Michael and I began living in the fast lane. We'd go to the latest fashionable restaurant or dance club with our show-business friends, then we'd drink way too much. The drinking led to flirting with other people, which led to serious jealousies and terrible fights.

In 1994, I went to India for eight weeks to shoot a mini-series. There, I met Mehendra, one of the show's stunt men, and our friendship turned into an affair. I thought I was falling in love with him—and I told Michael so. Returning home, I contacted a divorce attorney, and Michael moved out.

After a few months, however, I had to admit to myself that the person I really wanted—needed—was Michael, who I knew still loved me. In desperation, I met him one morning at church and begged to talk. "I miss us," I said. "I want everything back. You're going to have to forgive me. Can you?" Michael did. He moved back home, and we renewed our wedding vows.

At the urging of my good friend Carla, who had recently become a Christian, I began reading the Bible. As Michael's and my faith deepened, our marriage saw a second flowering. In the fall of 1995, I committed my life—and my career—to God.

I had thought that my faith might be shown through new acting opportunities, but now that I had been fired from *Melrose Place*, I realized that something much harder and more real was being asked of me. I was willing. But man, was I scared.

continued on page 194

the new



A high bed with a wrought-iron frame gives regal simplicity to the master retreat. Shapely, comfortable seating invites relaxation at any time of day. Unusual accessories, such as the antique flower basket, make the space even more personal. Bed by Lane; chairs by Pearson; basket from Uncommon Market, Inc.

american home

WHEN IT COMES TO CREATURE COMFORTS, OUR NEW MILLENNIUM HOUSE GOES ALL THE WAY—BEAUTIFULLY

Produced By Kimberlie A. Waugh



HOW DO YOU DEFINE today's dream house? As a place the whole family can't wait to come home to. The description certainly fits The New American Home 2000, the Dallas-area show house created by LHJ and building and design industry experts Custom Homes Group L.L.C., The Evans Group, the National Association of Home Builders, the National Council of the Housing Industry and *Builder* magazine.

Like the public rooms we toured last month, the private spaces of this luxury-laden fantasy home are designed for both comfort and efficiency (check out the his-and-her closet that practically organizes itself). Still, the main thing you're aware of is the feeling of being pampered.

The master suite, for instance, occupies a full wing of the house, separated from the ground-floor public areas by a dramatic rotunda. The bedroom has a lovely view onto the pool, and the soothing sounds of the backyard waterfall drift in when the French doors are open. The vaulted ceiling over the bed creates separation from the sitting area, with its raised tray ceiling. "This space *(continued)*

A HEDONIST'S FANTA
IDEALLY OUTFITTED



In the master bath, the deep oval tub and separate shower are spa-worthy; the semi-opaque Duette shades can be raised and lowered from the bottom, letting in light from bay windows while affording privacy. Other luxurious features: his-and-her standing vanities, and an extra seated vanity-cum-perfume-counter beside the shower. Shades by Hunter Douglas. In the his-and-her walk-through closet, a built-in island is a great organizing aid. Quorum International lights with Sylvania bulbs provide ample lighting for coordinating outfits. A Sentry safe with touch keypad secures valuables.

)ROOMS AND BATHS SO
/ER WANT TO LEAVE HOME



In the girl's bedroom—an unfussy feminine fantasy—a budding artist can paint without worrying about stains—the carpet, upholstery and window-treatment fabric feature Scotchgard protection by 3M. Quorum International ceiling fan.

(continued) beckons to be your retreat," says the home's interior designer, Susan Orlie. "It's not just a place where you sleep, make the bed and then leave for the day." Enhancing the luxurious mood are highly textured fabrics—linen drapes, crackled velvet-like upholstery—and serene tones of peach, blue, cream and pale green.

Then there's that huge closet, accommodating not just hanging clothes and storage shelves, but an island with a broad surface for laying out garments. The master bathroom doubles as a spa, with its six-feet-long, three-feet-deep whirlpool tub, gigantic shower, bay windows, and his-and-her vanities.

Upstairs is the children's space. The boy's room has its own bathroom, and the girl's room its own outdoor deck, plus access to a separate bath. A pedestrian bridge, open to the living area below, spans the space between the two children's rooms. Orlie has chosen design schemes that are kid-friendly yet sophisticated—bright yellow and cream with red accents for the girl's room, grass-cloth walls and rich wood furnishings for the boy's. As is true throughout the house, these are rooms to grow in. —*Janet Bailey*





TRENDS ON THE HOME FRONT A FEW OF THE THINGS THAT MAKE A HOUSE'S PRIVATE QUARTERS THE PERFECT ESCAPE

- A master bedroom with separate area for reading, unwinding, sleeping—even entertaining. Plus access to outdoor spaces like a pool terrace or private dec
- Spa-like bathrooms: Heavy fixtures, a deep tub, huge shower, gorgeous tile, his-and-her vanities, luxury bath products (soaps, salts and loofahs) and other features reminiscent of a fine resort.
- Extravagant linens in every bedroom—all-cotton sheets, down comforters, matelasse coverlets, cozy and richly textured throws.
- Super-organized closets. Adjustable shelves and rod that create flexible storage space; a built-in island tha makes it easy to lay out the next day's oufit, pack and unpack, or sort and accessorize your wardrobe.
- A separate upstairs children's suite with a play area.

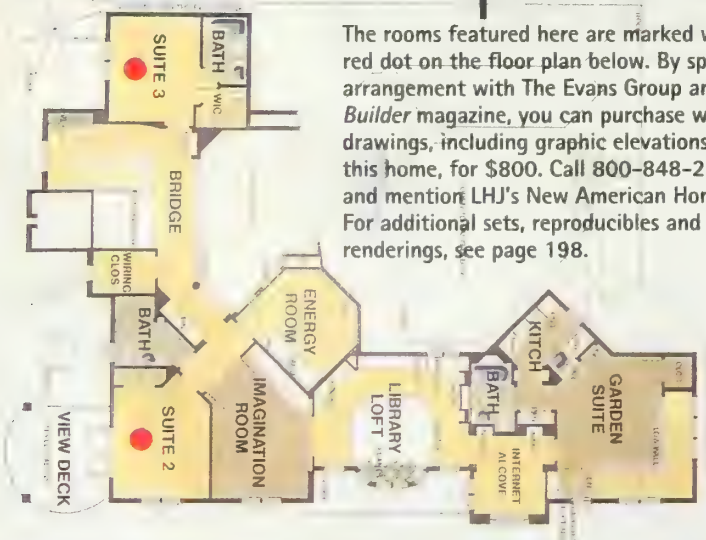
The boy's bedroom has a transportation theme—steam-engine parts, vintage model car—that extends into the bathroom, with its whimsical gas can and life preserver over the mirror. Furniture by Lane. Personal-care products by Braun.





special offer

The rooms featured here are marked with a red dot on the floor plan below. By special arrangement with The Evans Group and *Builder* magazine, you can purchase working drawings, including graphic elevations of this home, for $800. Call 800-848-2550 and mention LHJ's New American Home. For additional sets, reproducibles and artist renderings, see page 198.



SECOND FLOOR



THROUGHOUT THE HOUSE UNLESS OTHERWISE SPECIFIED OR NOTED: DECORATIVE ACCESSORIES AND CANDLES, THE BOMBAY CO.; PERSONAL-CARE PRODUCTS BRAUN; CLOSET SYSTEMS, CLOSET CLASSICS BY WINDQUEST COMPANIES; DECORATIVE TRIMS, CONSO PRODUCTS CO.; FLOWERS, 1-800-FLOWERS; BED AND BATH LINENS, BED PILLOWS, DUVET INSERTS AND BATH CERAMICS, FIELDCREST CANNON/PILLOWTEX PAINT, GLIDDEN; WALLPAPER, IMPERIAL HOME DECOR GROUP; MATTRESSES, SEALY, AVAILABLE THROUGH JCPENNEY STORES AND CATALOG; DRAPERY HARDWARE, KIRSCH; FURNITURE, UPHOLSTERY AND CASE GOODS, LANE'S HOME FURNISHINGS COLLECTION; UPHOLSTERY, PEARSON CO.; FRAMED WALL ART MICHAEL ALAN DESIGNS; RUGS, NOURISON; LIGHT BULBS, SYLVANIA; CEILING FANS, QUORUM INTERNATIONAL; LIGHT FIXTURES, CRISTAL; LAMPS, ROBERT ABBEY; DRAPERY TREATMENTS, TABLE LINENS, PILLOWS, TABLE ROUNDS SEWN BY SINGER SEWING CO. PLANTS AND ACCESSORIES, SMITH & HAWKEN; FABRICS FOR DRAPERY TREATMENTS, TABLE LINENS, PILLOWS, COVINGTON FABRICS, WAVERLY. ALL FABRICS AND CARPETS FEATURE SCOTCHGARD PROTECTION BY 3M; CARPET, SHAW INDUSTRIES; ANTIQUES, THE UNCOMMON MARKET INC.; CABINETRY, TIMBERLAKE CABINET CO.; COUNTERTOPS, DUPONT-CORIAN; WINDOWS, HURD; DOORS, PEACHTREE; INTERIOR/EXTERIOR STONE, STONE PRODUCTS CORP.; APPAREL, SHOES, CLOTHING, ACCESSORIES FOR CLOSETS, MARSHALLS; TILE, DALTILE. MASTER BEDROOM: DRAPERY FABRIC, COVINGTON FABRICS; HUNTER DOUGLAS SOFTSHADES, SILHOUETTE. MASTER BATHROOM: HUNTER DOUGLAS SOFTSHADES, DUETTE, THE MANHATTAN COLLECTION; PLUMBING FIXTURES, KOHLER. MASTER CLOSET: HANGERS, HATBOXES, SHOE BOXES, CANVAS GARMENT BAGS, THE CONTAINER STORE; PORTABLE FIRE SAFE, SENTRY. BOY'S BEDROOM: DRAPERY FABRIC, COVINGTON FABRICS. BOY'S BATHROOM: PLUMBING FIXTURES, GERBER. GIRL'S BEDROOM: DRAPERY FABRIC, WAVERLY. DETAILS, PAGE 198.



His knowledge saved her teeth. And possibly her life.

When Sharon McCallister developed a rare blood-clotting disorder, even an everyday dental visit became a scary thing. So her dentist used the Crest Professional Web site to link his small-town practice with the latest information in medicine and dentistry. He learned about the complications of Sharon's disease so he could provide the special dental care she needed. Proving knowledge can go a long way. Even to New Hampshire.

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We start with pure, wholesome, whole grain wheat. Then bake it into crunchy, toasty, delicious little squares. Does that break a rule? Well, then call us rebels.

Post

BREAKFAST MADE RIGHT™

food journal

tart the morning in a festive
ood with Scrambled Eggs
ith Feta and Dill and
himsical Easter Toast





Zesty Egg and Black Bean Burritos pack plenty of zing for lunch

peedy Mushroom and Pepper
rittata needs only tossed green
iad to make a satisfying supper



APRIL MENU

Say hello to spring with this terrific trio of breakfast, lunch or dinner **EGG** dishes. Tired of your same old chicken recipes? Our **CHICKEN** cookbook gives you trendy new tastes everyone will love. For an Easter meal to remember, try a top chef's fabulous, festive **LAMB**, and for dessert, a classic **BOSTON CREAM PIE**. Finally, your family will flip over the **PERFECT BUTTERMILK PANCAKES**.

THE QUICK COOK

EGG AND BLACK BEAN BURRITOS

A quick wrap makes for a protein-packed lunch.

Total prep and cooking time: 17 to 19 minutes
EASY, MICROWAVE USED

- 1 can (16.5 oz.) black beans, rinsed and drained well
- 1 cup prepared salsa
- 1 tablespoon chopped fresh cilantro or parsley
- 2 tablespoons vegetable oil
- 8 large eggs
- ¼ cup water
- ½ teaspoon salt
- 4 (8-inch) flour tortillas, warmed
- 1 cup shredded cheddar cheese
- Sliced avocado (optional)

1. Combine beans, salsa and cilantro in a bowl. Whisk together eggs, water and salt in another bowl. Set aside.
2. Heat broiler. Heat oil in a 12-inch nonstick, ovenproof skillet over medium heat. Add eggs; cover and cook 3 minutes. Lift edge of eggs to allow uncooked egg to run under; cook 1 to 2 minutes more, until almost set. Sprinkle with cheese; transfer skillet to broiler and broil 1 to 2 minutes, until cheese is melted. Cut into quarters.
3. For each burrito, place quarter of the egg in a tortilla. Top with a generous ⅓ cup bean mixture. Fold in sides and roll up; cut in half. Repeat. Serve with avocado and more salsa, if desired. Makes 4 servings.

Per serving: 530 calories, 29.5 g total fat, 10.5 g saturated fat, 455 mg cholesterol, 1,382 mg sodium, 37 g carbohydrates, 27 g protein, 322 mg calcium, 5 g fiber

SCRAMBLED EGGS WITH FETA AND DILL

Creamy feta cheese and fresh dill spruce up this morn ing scramble.

Total prep and baking time: 17 to 19 minutes
EASY

- 1 teaspoon vegetable oil
- 8 pieces pre-sliced Canadian bacon
- 8 large eggs
- ¼ cup water
- ⅛ teaspoon pepper
- 1 cup crumbled feta cheese
- 1 tablespoon snipped fresh dill or ¼ teaspoon dried plus 1 teaspoon chopped fresh parsley
- 1 tablespoon butter
- Easter Toast (see tip of the month, below left)

1. Heat oil in 12-inch nonstick skillet over medium high heat; add bacon and cook 1 to 2 minutes per side until lightly browned. Transfer to plate; cover and kee warm. Wipe out skillet.
2. Whisk eggs, water, pepper, feta and dill in a bowl.
3. Melt butter in same skillet over medium heat; ad egg mixture and cook 2 minutes. Turn eggs occasionall and continue to cook 4 to 5 minutes more, until egg are just set. Serve with bacon and Easter Toast, if de sired. Makes 4 servings.

Per serving: 410 calories, 27 g total fat, 12 g saturated fat, 505 mg cholester 1,732 mg sodium, 4 g carbohydrates, 35 g protein, 223 mg calcium, 0 g fiber

EASTER TOAST

Hop, skip and jump to Easter breakfast! Toast sliced bread. With a 2-inch bunny-shaped cookie cutter, cut out the center of each slice. Carefully pull the excess bread away from the cutter. Reserve for bread crumbs, if desired.



MUSHROOM AND PEPPER FRITTATA

Keep heat on medium-low for tender, savory eggs.

Total prep and baking time: 30 minutes
EASY, LOW-CALORIE

- 2 tablespoons oil, divided
- 1 medium onion, chopped
- 1 red bell pepper, chopped
- ½ pound sliced shiitake mushrooms
- 8 large eggs
- ¼ cup water
- 1 cup grated Asiago cheese divided
- ¼ teaspoon salt
- ¼ teaspoon pepper
- ¼ cup fresh basil leaves, slice

1. Heat 1 tablespoon oil in large nonstick, ovenpro skillet. Cook onion and bell pepper 2 to 3 minutes. Ac mushrooms; cover and cook 1 minute. Stir and coc 2 minutes more. Transfer to bowl.
2. Heat broiler. Whisk eggs, water, ¾ cup cheese, salt ar pepper in bowl. Heat remaining oil in skillet. Add egg mi ture and basil and cook 1 minute; reduce heat to mediun low. Sprinkle mushrooms over eggs. Cover and cook 5 6 minutes, until just the edge is puffed. Sprinkle remainir cheese over top; broil 1 minute. Makes 4 servings.

Per serving: 365 calories, 25 g total fat, 10 g saturated fat, 445 mg choleste 591 mg sodium, 9 g carbohydrates, 23 g protein, 308 mg calcium, 2 g fiber ■

Recipes by Cynthia DePersio



us Rich Company

spring chicken

THE FRESH FLAVORS OF ASIAN-INSPIRED COOKI



VE YOU THESE SEVEN TERRIFIC NEW FAMILY FAVORITES



en Pad Thai (left) combines stir-fried
en with noodles and shallots for
, casual company fare. Sweet-and-
Chicken (above) has the great flavor
xpect from this Chinese takeout
c with less fat and sugar added

SPRING CHICKEN

CHICKEN PAD THAI

Here's Thailand's most famous noodle dish! Don't soak the rice noodles too long or they'll break when cooked.

Prep time: 15 minutes
Cooking time: 13 to 15 minutes
EASY

½ pound rice noodles (Vietnamese bahn pho)

Topping
- ¼ cup salted peanuts, finely chopped
- 1 tablespoon granulated sugar
- ½ teaspoon grated lime peel

Sauce
- 2 tablespoons fish sauce*
- 2 tablespoons fresh lime juice
- 1½ teaspoons dried shrimp paste* or mashed anchovy
- 1 tablespoon Asian chile sauce*
- 2 tablespoons firmly packed brown sugar
- 1½ tablespoons rice vinegar

3 tablespoons vegetable oil, divided
¼ cup chopped shallots
1 pound boneless, skinless chicken breast, cut into 3-inch strips
1 tablespoon finely chopped garlic
1 large egg, lightly beaten
1 cup fresh bean sprouts
⅓ cup sliced green onions and 2 tablespoons chopped fresh cilantro*, for garnish

1. Place noodles in a large bowl. Add enough hot tap water to cover; let stand 10 to 15 minutes until pliable, but not soft. Drain well in a colander.
2. *Make topping:* Meanwhile, combine all ingredients in a cup. Set aside.
3. *Make sauce:* Combine all ingredients in a small bowl, stirring until smooth.
4. Heat 1 tablespoon oil in 12-inch nonstick skillet over medium-high heat. Add shallots and cook 2 minutes, until softened and lightly browned. Add chicken and garlic; cook, stirring, 6 minutes, until chicken is browned. Transfer to a bowl.
5. Add egg to same skillet and cook 30 seconds. Turn egg with spatula and cook 30 to 60 seconds more, just until set. Remove and chop; set aside.
6. Heat remaining 2 tablespoons oil in skillet over high heat, 30 seconds. Add drained noodles and sprouts; stir-fry 2 minutes. Add sauce and chicken and cook 1 to 2 minutes more, until heated through. Divide pad thai among 4 serving plates. Divide and sprinkle each serving with egg and toppi Garnish with green onions a cilantro. Makes 4 servings.

* SEE "THE ASIAN PANTRY" (BELOW).

Per serving: 565 calories, 18.5 g total fat, 3 g satu fat, 120 mg cholesterol, 838 mg sodium, 68 g carb drates, 33 g protein, 49 mg calcium, 1 g fiber

SWEET-AND-SOUR CHICKEN

This Chinese takeout staple has alw been a favorite. Use a deep-fat th mometer to regulate the temperat of the oil.

Prep time: 20 minutes plus marinating
Cooking time: 10 to 13 minutes
EASY

Sauce
- ½ cup pineapple juice
- ½ cup rice vinegar
- 5 tablespoons sugar
- 2 tablespoons ketchup
- 2 tablespoons light soy sauce
- 1 teaspoon cornstarch
- 1 tablespoon water

Salt
1 pound boneless, skinless chicken thig cut into 1-inch pieces
1 tablespoon light soy sauce
1 teaspoon dry sherry
1 teaspoon Asian sesame oil* *(contin*

the asian pantry

ASIAN CHILE SAUCE A thin, orange-red sauce that combines chiles with sugar, salt, oil and vinegar. Often used as a condiment, its heat level ranges from mild to fiery hot.

ASIAN SESAME OIL Golden brown oil extracted from crushed sesame seeds. With an intense, toasted nutty flavor, only a small amount is needed to enrich stir-fries or cold noodle salads. Can be combined with other oils.

CHINESE FIVE-SPICE POWDER A spice blend usually made from equal parts star anise, cloves, cinnamon, fennel seeds, and Sichuan peppercorns, widely used in Asian marinades, sauces, and barbecued meats.

CILANTRO [(sih-LAHN-troh) coriander, Chinese parsley] A zesty, earthy-limy herb. Use chopped leaves and tender stems or whole leaves in marinades and curries or as a garnish.

COCONUT MILK A creamy, slightly sweet liquid processed from shredded coconut and water. An essential ingredient in Southeast Asian curries, soups, and desserts. Refrigerate 1 to 2 days after opening. Freeze up to 2 months.

DRIED SHRIMP PASTE Don't let the strong odor turn you off—cooking mellows the salty shrimp taste of this incredibly pungent paste and gives curries a rich authentic flavor. Available in cellophane-wrapped blocks, plastic tubs or glass jars. Keep sealed in a heavy-duty plastic bag.

FISH SAUCE (nam pla; nuoc nam) A fermented extract of anchovies. This deliciously salty condiment adds a special richness to savory dishes like stir-fries, curries and dipping sauces.

FRESH GINGER A tan, knobby root with a crisp, fiery sweet flavor. Adds a fresh zing to savory foods. Slice, mince or cru its yellowish interior. Choose firm roots.

GALANGAL (guh-LANG-guhl, or guh-LANG-ga; Thai ginger) Related to ginger, galangal is preferred in Southeast Asian cooking for its clean, slightly lemony taste. Can be sliced or crushed before adding to soups and curries. Look for its pinkish opaque skin, and firm white flesh.

KAFFIR LIME LEAVES (ka-FEAR) Glossy dark-green leaves. Just one will add a citrusy-floral aroma and a wonderful zes to your curries. Discard whole kaffir leaves before serving; however, if they're shredded, leave them in. Refrigerate fres leaves 5 to 7 days; substitute dried leaves, if desired.

LEMONGRASS Firm, pale-green stalks that resemble green onions. Adds a fragrant, lemony essence to dishes. Cut off green top and slice white, tender core for marinades, sauces soups and spice mixtures.

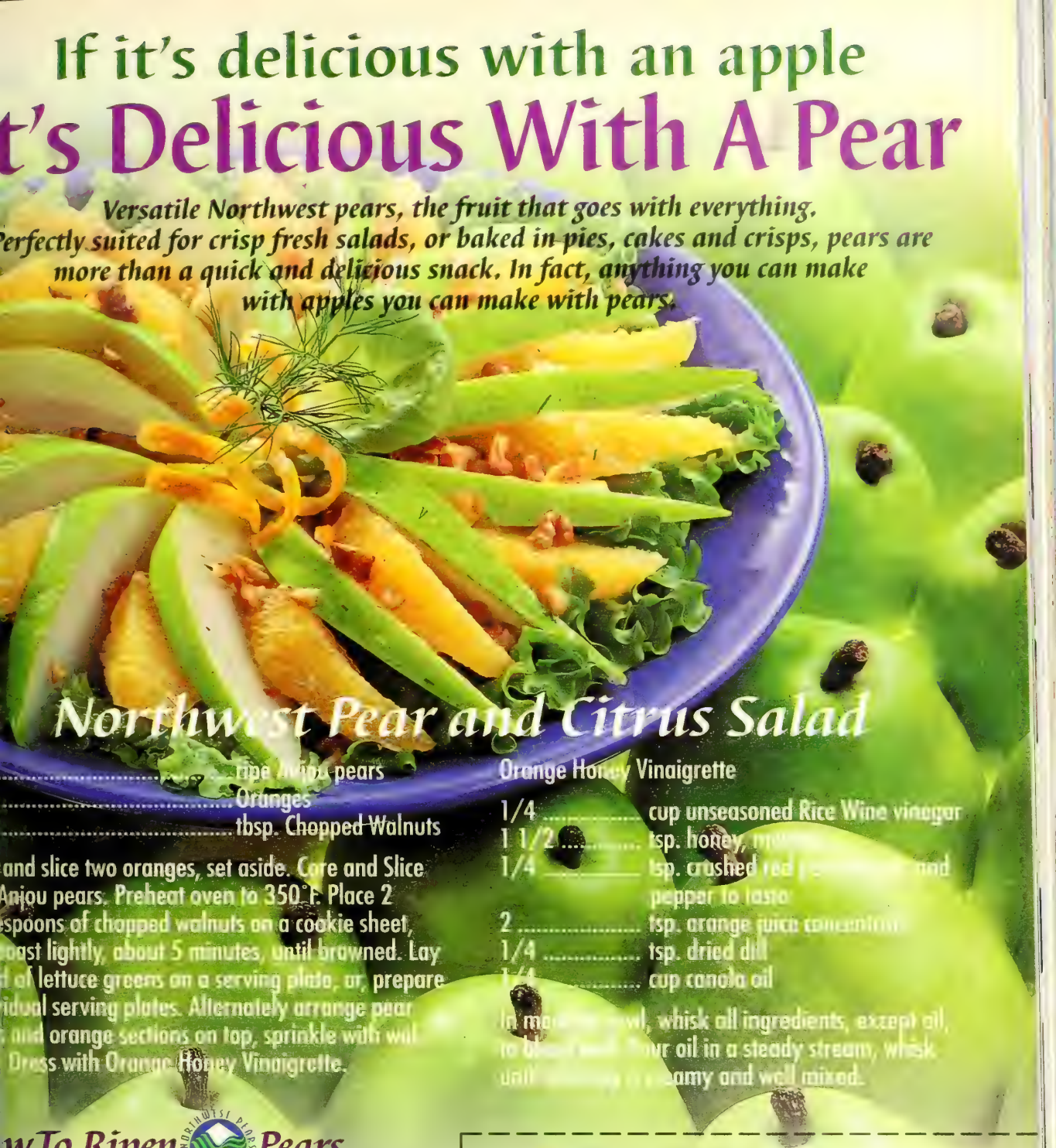
SICHUAN PEPPERCORNS (SITCH-wahn; Szechuan peppercorns; SEHCH-wahn) The citrusy-spicy aroma and sharp distinct taste of these small, flower-shaped berries is wonderful added to dry marinades for meats. Available ground or whole, often in cellophane bags.

* INGREDIENTS MAY BE PURCHASED FROM ADRIANA'S CARAVAN, 800-316-08

Visit LHJ Online at www.lhj.com/kitchen for more informat and tips on cooking with these and other Asian ingredients.

If it's delicious with an apple
t's Delicious With A Pear

Versatile Northwest pears, the fruit that goes with everything. Perfectly suited for crisp fresh salads, or baked in pies, cakes and crisps, pears are more than a quick and delicious snack. In fact, anything you can make with apples you can make with pears.



Northwest Pear and Citrus Salad

..... ripe Anjou pears
..... Oranges
..... tbsp. Chopped Walnuts

and slice two oranges, set aside. Core and Slice Anjou pears. Preheat oven to 350°F. Place 2 espoons of chopped walnuts on a cookie sheet, oast lightly, about 5 minutes, until browned. Lay f of lettuce greens on a serving plate, or, prepare idual serving plates. Alternately arrange pear and orange sections on top, sprinkle with wal Dress with Orange Honey Vinaigrette.

Orange Honey Vinaigrette

1/4 ..... cup unseasoned Rice Wine vinegar
1 1/2 ..... tsp. honey,
1/4 ..... tsp. crushed red and pepper to taste
2 ..... tsp. orange juice concentrate
1/4 ..... tsp. dried dill
1/4 ..... cup canola oil

In mixing bowl, whisk all ingredients, except oil, to blend. Pour oil in a steady stream, whisk until creamy and well mixed.

w To Ripen Pears



Always ripen your fresh Northwest Pears by putting them in a paper bag or bowl until they give slightly at the stem end. Keep a supply in the refrigerator to replenish your ripening pears as you use them. You'll always have a supply of ripe pears, ready when you need them.

the Northwest Pears website for mation, more recipes, and a section just for kids.

://www.usapears.com

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Actual Size 1 1/2"



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SPRING CHICKEN

½ cup plus 1 teaspoon cornstarch
¼ cup all-purpose flour
1 teaspoon baking powder
¼ teaspoon freshly ground pepper
½ cup water
2 cups peanut or vegetable oil
Green onion, for garnish
Steamed broccoli (optional)

1. *Make sauce:* Combine all ingredients except cornstarch and water in small saucepan. Cook over medium heat until sugar dissolves, 3 minutes. Stir cornstarch and water together in a cup until smooth. Add to saucepan and gently boil 1 minute, stirring constantly. Remove from heat. Makes 1¼ cups. *(Can be made ahead. Cool. Refrigerate in airtight container up to 1 week.)*
2. Sprinkle ¼ teaspoon salt over chicken. Combine soy sauce, sherry, sesame oil and 1 teaspoon cornstarch in medium bowl. Add chicken, tossing to coat. Cover and marinate chicken in refrigerator 15 minutes; then marinate 15 minutes more at room temperature.
3. Combine remaining ½ cup cornstarch, flour, baking powder, 1 teaspoon salt and pepper in large bowl. Whisk in water until mixture is smooth. Add ⅓ of chicken to batter, stirring to coat. Remove chicken from batter with tongs, letting excess drip into bowl. Place chicken on waxed-paper–lined tray. Repeat with remaining chicken and batter.
4. Meanwhile heat oven to 250°F. Line a jelly-roll pan with paper towels. Set aside. Heat oil in large 2-inch-deep skillet over medium-high heat to 375°F., 5 to 8 minutes.
5. Add ⅓ of chicken (9 to 10 pieces) to hot oil. Fry chicken 2 to 3 minutes until golden brown, turning pieces occasionally with long-handled tongs to keep them separate so they cook evenly. Transfer pieces to prepared pan and keep warm in oven. Repeat. Garnish chicken with green onions and serve with sauce and broccoli, if desired. Makes 4 servings.

* SEE "THE ASIAN PANTRY" (PAGE 174).

Per serving: 455 calories, 19 g total fat, 4 g saturated fat, 94 mg cholesterol, 1,487 mg sodium, 45 g carbohydrates, 24 g protein, 89 mg calcium, 1 g fiber

TEA-ROASTED CHICKEN

Food Editor's Favorite

For this super-moist chicken with crisp, mahogany skin, the bird is smoked over a mixture of green tea leaves, rice and sugar, then roasted.



Prep time: 30 minutes plus marinating and standing
Cooking time: 50 to 59 minutes
MODERATE, LOW-CALORIE

2 teaspoons kosher salt
1 teaspoon Sichuan peppercorns*, crushed
1 small whole chicken, about 2¾ lbs
½ cup loose green tea leaves
½ cup sugar
½ cup uncooked white rice
2 tablespoons soy sauce
2 tablespoons rice vinegar
1 tablespoon chopped shallots
1 tablespoon peanut or vegetable oil
Pinch sugar

1. Combine salt and peppercorn a cup; rub over entire chic Cover and marinate in the refri tor 1 hour. *(Can be made ahead frigerate overnight.)* Remove ch and let stand at room temper 30 minutes.
2. Meanwhile, line a large, h bottomed Dutch oven with 2 lay heavy-duty foil, leaving a 2-inch hang. Spread tea leaves, sugar an on bottom of Dutch oven. Arra small wire rack over tea mixtur 4 wooden chopsticks in a tic-t pattern over rack, breaking th necessary to fit in the pan.** chicken on top of chopsticks. chopsticks keep the chicken fro ting directly on the tea mixtu help air circulate.)
3. Cover top of Dutch oven wi other sheet of foil, then a hea Cook tea mixture over high hea smoke begins to form, 10 to 1- utes. Reduce heat to medium an 10 minutes more. Remove fron let chicken stand covered 10 m (this allows the smoke to penetr chicken). Uncover and carefully fer chicken to a roasting pan.
4. Meanwhile, heat oven to Whisk together soy sauce, vi shallots, oil and sugar in bowl. half of soy mixture on chicken. chicken 15 minutes; brush w maining soy mixture. Roast 20 minutes more, or until an i read thermometer reaches when inserted in thigh sect chicken. Let stand 5 minutes slicing. Makes 4 servings.

* SEE "THE ASIAN PANTRY" (PAGE 174).

** LOG ON TO THE LHJ KITCHEN O WWW.LHJ.COM/KITCHEN FOR AN ILLUSTR HOW TO ASSEMBLE THE TEA-ROASTED CH

Per serving: 365 calories, 22 g total fat, 6 g fat, 121 mg cholesterol, 1,390 mg sodium, 1 drates, 38 g protein, 28 mg calcium, 0 g fiber

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LADIES' HOME JOURNAL online

Indulge in these favorites created by the pros in the *Ladies' Home Journal* Kitchen. Log on to www.lhj.com/kitchen for new recipes, including Citrus Cod with Fennel and Potatoes, Honey-Orange Chicken and Vegetable Enchiladas.

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Forget the eggs, hide the cheesecake.



PHILADELPHIA 3-Step White Chocolate Cheesecake

2 pkg. (8 oz. each) PHILADE[illegible] softened
1/2 cup sugar
1/2 tsp. vanilla

[illegible] divided,

MIX PHILADELPHIA Cream Ch[illegible] and vanil[illegible] mixer until well blended. Add [illegible] of the white chocolate.

POUR into crust. Sprinkle with remaining [illegible]

BAKE at 350°F for 35 minutes or until[illegible] Refrigerate 3 hours or overnight. Makes 8 servings.

KRAFT PHILADELPHIA

WONTON SOUP

This recipe makes enough wontons for 2 batches of soup. They freeze well, so you can drop them into a fresh pot of soup for a terrific meal next week.



Prep time: 45 minutes plus marinating
Cooking time: 15 minutes
EASY, LOW-FAT, LOW-CALORIE

Wontons
- 1 pound ground chicken
- 1/3 cup chopped canned water chestnuts
- 2 tablespoons diced green onions
- 1 tablespoon soy sauce
- 2 teaspoons grated fresh ginger*
- 1 teaspoon rice vinegar
- 1 teaspoon finely chopped garlic
- 1 teaspoon Asian sesame oil*
- 1/2 teaspoon sugar
- 1 package (14 oz.) wonton wrappers (about 60)

- 4 cans (14 1/2 oz. each) chicken broth
- 1/2 teaspoon soy sauce
- 1 cup chopped fresh spinach
- 1 piece smoked ham (2 oz.), cut into thin strips

1. *Make wontons:* Combine all ingredients in medium bowl *except* wonton wrappers. Cover, let stand at room temperature 15 minutes.

2. Line two jelly-roll pans with waxed paper. Place 1 1/2 teaspoons filling in center of 1 wonton wrapper. Brush the edge of wrapper with water. Fold sides of wrapper together to form a triangle; lightly pinch edge and seal. Bring long ends over, overlapping slightly. Transfer to prepared pan and cover loosely with a sheet of waxed paper. Repeat process with remaining filling and wrappers, dividing the wontons between the two pans. Cover with plastic wrap and refrigerate 1 pan of wontons. (Freeze remaining wontons 1 hour, or until firm. Transfer to a large resealable freezer storage bag and freeze up to 2 weeks.**)

3. Meanwhile, bring a large pot of salted water to boil. Bring broth and soy sauce to boil in another large pot; reduce heat and simmer 10 minutes. When salted water comes to a boil, add 1/3 of the refrigerated wontons. Cook until wontons begin to float to the surface, about 1 to 2 minutes; carefully stir wontons to prevent sticking on bottom. Transfer wontons with slotted spoon to simmering broth; add spinach and ham. Repeat with remaining refrigerated wontons. Makes 6 servings.

* SEE "THE ASIAN PANTRY" (PAGE 174).

**TO COOK FROZEN WONTONS, PREPARE RECIPE FOR SOUP AS DIRECTED *EXCEPT* COOK THE WONTONS (DO NOT DEFROST) IN BOILING WATER 2 TO 4 MINUTES.

Per serving: 340 calories, 6 g total fat, 1.5 g saturated fat, 63 mg cholesterol, 1,947 mg sodium, 42 g carbohydrates, 27 g protein, 53 mg calcium, 2 g fiber

INDONESIAN CURRY

The secret to this chicken stew is curry paste, coconut milk and kaffir lime leaves.

Prep time: 15 minutes plus marinating
Cooking time: 42 to 43 minutes
EASY

Marinade
- 1 tablespoon grated fresh ginger*
- 1 teaspoon turmeric
- 1 teaspoon salt
- 1 teaspoon sugar



- 1 whole chicken (3 1/2 to 4 lbs.), cut
- 4 teaspoons vegetable oil, divided
- 2 medium onions, cut into very thin wedges
- 1 bay leaf

Curry paste
- 2 medium onions, cut into chunks
- 2 large garlic cloves
- 2 tablespoons water
- 2 teaspoons Madras curry powder
- 1 1/2 teaspoons coriander
- 1/2 teaspoon cinnamon
- 1/2 teaspoon ground red pepper

- 1 can (13.5 oz.) unsweetened coconut milk*
- 1 1/2 kaffir lime leaves* or 1 teaspoon grated lime peel
- 1 tablespoon chopped fresh cilantro*
- Cooked rice, cilantro leaves, sliced green onions, peanuts, sliced hot fresh chiles and soy sauce, for garnish

1. *Make marinade:* Combine all i dients in bowl; add chicken an well to coat. Cover and mar chicken in the refrigerator 1 *(Can be made ahead. Refrigerate night.)*

2. Heat 2 teaspoons oil in 12-inch skillet over medium heat; add onions and bay lea cook 8 minutes until brow Transfer to plate with slotted s Set aside.

3. *Make curry paste:* Meanwhile, ingredients in blender until sm scraping sides with rubber spat necessary.

4. Heat remaining 2 teaspoons same skillet over medium-high add curry paste and cook 4 to 5 utes, stirring occasionally, thickened. Add chicken and with paste. Cover and simm minutes. Stir in coconut mil served onions and lime leaves; mer uncovered 20 minutes until chicken is cooked through move bay leaf. Divide chicke sauce among 4 serving plates. kle with chopped cilantro. with rice and garnishes, if de Makes 4 to 6 servings.

* SEE "THE ASIAN PANTRY" (PAGE 174).

Per serving: 745 calories, 55 g total fat, 25 g fat, 174 mg cholesterol, 643 mg sodium, 17 g drates, 46 g protein, 81 mg calcium, 2 g fiber

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VIETNAMESE LEMONGRASS CHICKEN

Cut off the green tops of the le
grass for the marinade, but don
card; use to flavor soups and stew



Prep time: 15 minutes plus marinat
Baking time: 30 minutes
EASY

- 1/4 pound (3 to 4 stalks) lemongrass
- 1 large shallot, finely chopped
- 2 tablespoons fish sauce*
- 1 tablespoon peeled and finely chop
  galangal* or fresh ginger*
- 1 1/2 teaspoons sugar
- 1/2 teaspoon grated lime peel
- 2 tablespoons fresh lime juice
- 1/2 teaspoon red-pepper flakes
- 8 chicken thighs (2 1/2 to 3 lbs.)
- Cooked rice and Chinese green bean
  (optional)

1. Remove tough outer peel
stalks of lemongrass (about 2 or
ers). Finely chop the white p
the stalks; transfer to large bow
remaining ingredients except
en, and mash together with w
spoon to combine. Add thigh
rub mixture all over to coat.
and marinate in the refrige
1 hour. *(Can be made ahead. Ref
overnight.)*
2. Line a broiler pan bottom
heavy duty foil. Arrange oven r
upper level. Heat oven to 450°F.
3. Transfer chicken to prepare
Roast 10 minutes. Reduce over
perature to 425°F. Roast ch
20 minutes more, until c



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FROM THE LHJ KITCH

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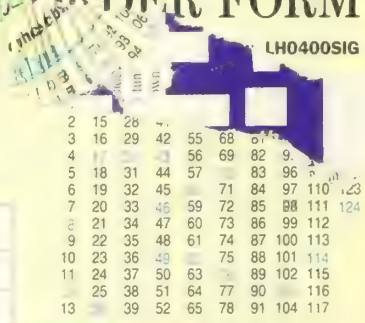
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You Asked For I

Dear LHJ,
When my husband travels on business, one of his favorite restaurants is Ruth's Chris Steakhouse. Every time he returns home, he raves about their wonderful creamed spinach. I would love to get the recipe for him. —Pam Rotondi
Marietta, Georgia

CREAMED SPINACH

A succulent side dish of creamed spinach can turn steak and potatoes into a knockout dinner, but after trying this recipe from Ruth's Chris, you may start serving these wonderfully creamy greens with your favorite meals. This re blends onion and a smooth, licious white sauce with fi green spinach for a rich dish worth staying home for

Prep time: 15 minutes
Cooking time: 18 to 23 minut
EASY

1. *Make white sauce:* Melt ½ *butter or margarine* in med saucepan over medium h Add ¼ *cup all-purpose flour,* cook, stirring, until l brown, 3 to 5 minutes. St *2 tablespoons chopped onion,*

whole clove and *½ teaspoon salt*. Cook until onion to soften, 1 to 2 minutes. Whisk in *2 cups milk or half-and-half*. Stir until sauce comes to a boil and begins to thicken, 3 to 5 minutes. Reduce heat to low; cook sauce 2 minutes more, until thick enough to coat back of spoon.

Remove sauce from heat; strain through a fine sieve set over a medium saucepan. Discard onion, bay leaf and clove. Set aside.

Meanwhile, bring a large pot of water to a boil. Add *2 pounds trimmed fresh spinach*; cook 1 minute. Immediately transfer spinach to a bowl of ice water. Drain in colander; squeeze dry in clean kitchen towel. Transfer to a food processor and puree.

4. Stir pureed spinach into strained white sauce. Cook over low heat, until heated through, 5 minutes. Stir in *2 tablespoons softened butter or margarine*, *½ teaspoon salt* and *¼ teaspoon freshly ground pepper*. Makes 3½ cups.

Per ½-cup serving: 250 calories, 19.5 g total fat, 12 g saturated fat, 54 mg cholesterol, 688 mg sodium, 14 g carbohydrates, 9 g protein, 283 mg calcium, 5 g fiber ■

t's the best way to frost a layer cake or dice an onion? e inside the Journal's test kitchen and learn our food rts' secrets to making everything you cook simply ious. At Secrets from the LHJ Kitchen, we'll show you demonstrations and step-by-step techniques for ng, chopping, cutting and much more. Whether re a beginner or a seasoned cook, log on to .lhj.com/kitchen/foodtips and learn easier, faster, better to do almost anything in the kitchen.

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NUTRITION GUIDE Calorie and nutrient analysis appears at the end of each of our recipes to help you plan well-balanced meals.

DAILY GOAL

Calories	2,000 (F) 2,500 (M)	Cholesterol	300 mg or less
		Sodium	2,400 mg or less
Total fat	60 g or less (F) 70 g or less (M)	Carbohydrates	250 g or more
		Protein	55 g to 90 g
Saturated fat	20 g or less (F) 23 g or less (M)	Calcium	1,000 mg
		Fiber	20 g to 35 g

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Jimmy Dean

Holiday Brunch Casserole

1 pkg. Jimmy Dean Sausage (cooked, drained and crumbled)
4 cups cubed day old bread
2 cups shredded sharp cheddar cheese
10 eggs, slightly beaten
4 cups milk
1 tsp. dry mustard
1 tsp. salt
1/4 tsp. onion powder
Fresh ground pepper to taste
1/2 cup sliced mushrooms (optional)
1/2 cup peeled, chopped tomatoes (optional)

Place bread in well-buttered 9x13" baking dish. Sprinkle with cheese. Combine the next six ingredients. Pour evenly over the bread and cheese. Sprinkle sausage and optional ingredients over the top. Cover and chill overnight. Preheat oven to 325°. Bake uncovered for about one hour. Tent with foil if top begins to brown too quickly. Serves 6.



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THE TRIALS OF HUNTER TYLO

Continued from page 161

A LANDMARK LAWSUIT

I met with my manager, Marv, and a lawyer, Paul Gleason, in March 1996. We concluded that we'd have to threaten a lawsuit against Spelling Entertainment and name a figure.

After we rejected an unacceptable settlement offer, Gleason recommended I hire "a heavy-duty, powerhouse, major-league employment attorney." I approached the firm of Allred, Maroko & Goldberg. Senior partner Gloria Allred, briefed on the details, said to me, "How did you not go kill these people?"

Gloria booked me for an episode of Sally Jessy Raphaël's show that dealt with pregnancy discrimination. It was an eye-opener: All the guests had gone through similar ordeals. One woman had lost her job as a cocktail waitress the minute she told her bosses she was expecting. "They just fired me without waiting to see what would happen to my body," she said.

That sounds familiar, I thought.

My suit against Spelling Entertainment Group, Inc., et al., began on October 30, 1997, in Los Angeles County Superior Court. I had since given birth to my little girl Izabella. *The Bold and the Beautiful* had generously offered me my old position and a long-term contract. Though my stabi been reestablished, I still fou incredibly stressful.

In his opening statement, a ney Nathan Goldberg expl my pregnancy would not ha unable to fulfill the terms o tract. "This case is about mother who was unfairly d an opportunity to advance and unlawfully fired," he sa Simply because she was pr woman today doesn't have choice between having a f having a career."

Bill Waldo, the defense countered that appearance a difference when it comes it's part and parcel of wh them believable in their r claimed that the Fox Spelling Entertainment a South had been intent on "sexy vixen," and to his mi obvious that a pregnant wo not play a sexy vixen. He ad was looking for special priv cause of my celebrity.

I began testifying on the th the trial. Dolores Leal, our chair attorney, began by aski many children do you have?"

"Three and a half."

Dolores knew where I wa "What do you mean?"

Every eye in the courtr glued to me. "I have a sixt old. I have a nine-year-old. one-year-old as of today. An most eight months pregnant."

The jury gasped. Bill Wal turned four shades of red. Thi announcement blew the " blimp" strategy to smitheree gained only fifteen pounds baby, and my stomach barely s

Lisa Rinna, who had been my place on *Melrose Place*, was testify for our side. Four mon nant at the time, she said, "M ter will be pregnant on the well." Nobody at Spelling had she had broken her contract. Locklear testified, too. She h pregnant during the past sea the show had simply hidden h tion. And yet others at Spel

ere was nothing they could have
o fulfill their obligation to me.
s gave Nathan a means of argu-
e illegality of the situation. The
on't demand that an employer
to exceptional means to accom-
te an employee's pregnancy.
ver, if adapting productions to
ress's pregnancy is the usual or
nary practice, then the produc-
ompany cannot invoke its right
accommodate.
to the defense's side was the
ony of Frank South, the execu-
roducer of *Melrose Place*. (Aaron Spelling stayed away from the trial and never testified in person.) South said that he, Spelling and the network had agreed that I was the "exact physical type" they were looking for—a knockout who could convince the audience that she could take a man away from Heather Locklear.

The next day, I wore a leopard-print bra under a sheer black silk top that created the illusion of a flat tummy, and a skirt with a long slit up the front. One of the men on the jury couldn't take his eyes off my cleavage, and I heard mutterings from opposing counsel about my "trick outfit." Yet South still claimed that I could not portray a sexy woman on film.

At last, on December 22, 1997, the jury reached a verdict. They answered nearly every question in my favor, and awarded us nearly $5 million in damages. As the first "yes" came in, I looked at each member of the jury in turn and silently mouthed, "Thank you."

DEVASTATING NEWS

The trial barely over, Michael and I joyfully welcomed Katya Ariel on January 15. Then, when she was about two weeks old, her sweet temperament seemed to change; she woke us at night with shrill, piercing screams. The other kids started calling her Screechy.

On February 7, I felt well enough to go to church with my family for the first time since giving birth. I suddenly noticed that the light from the altar made Katya's right eye look red, the way a dog's eyes appear in a flash photograph. It didn't seem right. *(continued)*

J BOOK BAG



In her newly released book, *Making a Miracle*, Hunter Tylo provides the complete account of her successful court battle against the producers of Melrose Place, who fired her because she was pregnant. She tells the heartwrenching story of her infant daughter's rare eye cancer—and how her strong Christian faith has seen her and her family through the ordeal.

This 320-page hardcover book by Pocket Books sells for $30.95, which includes shipping, handling and applicable sales tax.

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THE TRIALS OF HUNTER TYLO

Continued

At Katya's next checkup, our pediatrician recommended we see a specialist in pediatric ophthalmology. In my Bible reading, I kept finding passages about the "day of trouble" and times of distress. I couldn't escape the feeling that I was being warned.

After his examination, the specialist, Dr. Mark Borchert, explained that Katya had an extremely rare, life-threatening form of cancer called retinoblastoma. Removing the tumors would only cause the cancer to spread more rapidly, so they would have to rely on chemotherapy. She would be treated at Childrens Hospital Los Angeles.

I felt that I had entered a prison into which no one else could come. Would Katya die? Would she be blind?

At the hospital, specialist Dr. Tim Stout told us that he would do a more thorough exam under general anesthesia. If the tumors in Katya's right eye were endangering her life, they would have to remove the eye.

A counselor came in to let us know what to expect. I told her, "I want you to know that I'm never going to accept this. I mean, never!"

"You don't have to," she said. "You only have to find your own way of dealing with it."

The tests showed that Katya had to lose her eye. She bounced right back from surgery, demonstrating courage far greater than my own.

Five months after surgery, Katya went in for her every-three-weeks eye exam. Dr. Linn Murphree, her supervising physician, told us that a new tumor had begun growing. She would need more chemotherapy.

"All right," I said. "But first, give us a chance to pray. I'd like to see what God can do before we start the chemo again." Dr. Murphree agreed to give us a week.

Michael and I prayed over Katya all week, and the leaders of our church joined us in a fast. Although there were times when my strength nearly failed, I kept returning over and over to the accounts of healing and miracles in the Gospels.

The following week, Dr. M returned from the examinin with two images of Katya's can't quite believe this," he sai tumor I was seeing last we there now."

We shared our joy with the gation of our church. We wa believe this miracle signaled the Katya's fight, but even as we God for it, we knew that we'd keep living by faith.

Then at yet another eye e November 1998, Dr. Murphr us that a new tumor had forme afraid we'll have to do anothe of chemotherapy," he said. " no time to lose."

Once again, Michael and crushed. "Let us pray," I b "You saw what happened la God can do it again."

"The last tumor was growin ly," Dr. Murphree said. "T isn't. I'm afraid we don't have ury of being patient. This ti must keep God to a schedule us to be His agents."

Katya seemed to breeze thro chemo. The treatment ended uary 1999, and the cancer has s remission. However, her life in threat until she is three, w retina will be more mature and vision will have stopped.

Now two, Katya behaves m any girl her age, laughing and with nonstop energy. By h birthday, Katya could see her at the far end of our long drive

As a result of all I went th formed a nonprofit organi Hunter's Chosen Child, to assis en in challenging circumstanc more information: Hunter's Child, 7120 Hayvenhurst #4 Nuys, CA 91406, 818-782-544

In the last four years, we h so many elations and disappoi I have come to see that m doesn't exempt me from the c human condition, and it isn' to. Faith changes how we d such adversity and how God versity to change us. With His know that I will have the str face whatever lies ahead. ■



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'HIE LEE SPEAKS OUT

inued from page 147

nd-guessing that she didn't have art for children made no sense for In the end, the experience gave a harder shell. And she needed it. se things will destroy her if she n't have one."

ifford has repeatedly pointed out while her clothing line brings in ions of dollars every year, at least million is earmarked for Cassidy's e and Variety-Cody Gifford ise, the children's aid programs and Frank have given more than million to over the years. Gifford n spends hours with the children e, singing songs or making ani- out of clay. Frank admits that her occupation with helping others be somewhat overwhelming. e'll come home and say, 'Did you about so-and-so?' And suddenly re involved in so-and-so's life. She omes completely involved. There people who resent that because find it lacking in themselves. That's one of the reasons she's taken the abuse she has."

Though she has been accused of parading her own children in the public eye, Gifford has worked hard to make sure that their upbringing is as stable as possible. A car picks her up each morning at her expansive waterfront home in Greenwich, Connecticut, before the kids are up, so she calls her son and daughter as soon as she gets to the office. She frequently leaves little notes for Cody and Cassidy to find when they get home from school. The family often has dinner together—no TV is allowed during the meal—and putting the kids to bed after reading with them remains Gifford's treasured routine. "Because I don't have the mornings with them, I fall asleep with them every night," she says. "We talk and we pray and we laugh. It puts my professional success into context. That all pales in comparison to being a good parent."

Yet Gifford knows that what is "normal" for her kids would be considered unconventional for any other family. Since birth, Cody and Cassidy have been frequent fodder for their mom's daily TV monologue, and they have appeared on numerous commercials and on TV specials. This month, Cody makes his film debut, appearing with his mom in *Model Behavior*, the story of a young supermodel who trades places with a suburban teen. According to Gifford, who has turned down dozens of scripts on behalf of her son (including the Adam Sandler comedy *Big Daddy*), Cody lobbied both his parents for the chance to play the small role of the model's younger brother. "People say, 'How can you introduce your child to show business?'" she says. "And I say, 'Why not? I've been in show business since I was a little child, and I don't think it's damaged me as a human being.'"

MOVING ON

With her *LIVE* contract up in less than a year, Gifford must once again confront her complicated *(continued)*

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about the show she has often
to as "a great day job." But
and Regis Philbin have been
ir couple for almost fifteen
w, and it may soon be time
of them to move on. Philbin
vith his smash hit *Who Wants*
Millionaire, and Gifford says
ıldn't be happier for him.
you love somebody, their tri-
ıre yours," Gifford says of her
ner's success.

gh *LIVE* remains successful,
has become increasingly weary
egative press she routinely re-
Last summer, the local New
ıpers criticized her for appear-
less on the air. "They have to
e and get out of my lingerie,"
wryly, her French-manicured
licing the air. "Every year I
[the show] and I go, 'I just
this anymore.' But then I've
t for what, ten years? It's been
inancially rewarding [like
she owns a quarter of the
But it makes our family a tar-
the garbage that's out there. So
to yourself, 'How long can I
ıt?' And I don't know the an-
cried when my son said to me,
ıy, why are they saying these
ıgs?'" she says.

extracurricular projects have
r busy. A new album, includ-
ery personal song about her
troubles called "Only My Pil-
ıows," will be released this
And the chance to appear on
ay for several months last win-
ng in once a week for Carol
in Stephen Sondheim's revue
It Together, revived her flag-
irits and could augur the next
f Gifford's career.

ve the first great review of my
ıe marvels, referring to an ad-
piece about her performance in
ıment Weekly. "I had to read it
o make sure my eyes weren't
ıg me."

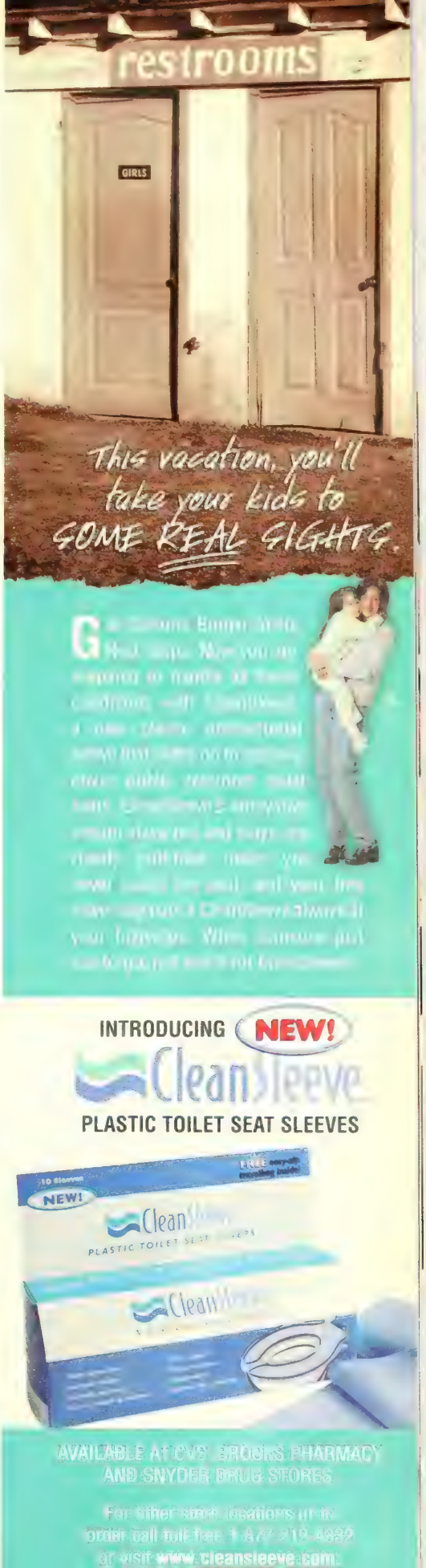
rd had refused an offer several
rlier to substitute for Julie An-
ı *Victor, Victoria* because she felt
was too young. She almost turned down the Sondheim role because in one song her character takes the Lord's name in vain; the composer offered to change the offending lyric. "I told Sondheim, 'I'll simulate sex for you! I'll say the f-word for you! But the other is a commandment from God, and I can't do that.'" (The lyric "wait a goddamn minute" was changed to "wait an effin' minute.")

Getting in shape for Broadway was an intense physical experience for Gifford. She began running rather than walking on her treadmill almost two years ago, and immediately slimmed down, a change noticed by many viewers. When she began practicing her lines and songs on the treadmill, she increased her pace to four miles a day, and became even smaller. "I love being this thin," she says. "I have no eating-disorder problems; I eat tons. But now I've realized the value of sweat. I'm a size two, but I'm all muscle now. And I've grown my hair longer. I'm doing everything at forty-six that you're not supposed to do, pretending that I'm twenty."

What's left for the bold performer who, when she was nine years old, precociously wrote to Walt Disney, "You really need to meet me"? "I would love someday to do a film with a great director like Spielberg or Scorsese, somebody who would see through the façade and beyond the obvious in me," she says. "I stopped being 'perky' so many years ago. It's not possible to be perky when you're fighting sweatshops and cleaning up baby barf and trying to heal your marriage and be funny every morning. To be labeled 'perky'—to be labeled anything—is so unfair."

And yet she isn't asking for sympathy. Once the barbs wounded her, now they anger her, but she rises above them. Over the course of a long conversation, Gifford has laughed, welled up, and spoken earnestly about the personal trials she has endured. What they have taught her, she says, is that in the end, she must trust herself.

"You live in your own truth," Kathie Lee Gifford declares, and heads home to her family. ■



Just Say **NO!**

You're just a woman who can't say no . . . or can you? As hard as it can sometimes be to utter that two-letter word and risk disappointing somebody, it may prove even more difficult to always be agreeable. Here's what can happen when you say yes—and no **By Pamela Redmond Satran**

START HERE

The phone rings. It's the head of the PTA, asking if you'll organize the school fund-raiser. You say:

START HERE



I'D LOVE TO!

SORRY, BUT NO.



As you're working on the fund-raiser, your boss asks you to take on a major project. You say:

How guilty do you feel?

EXTREMELY.

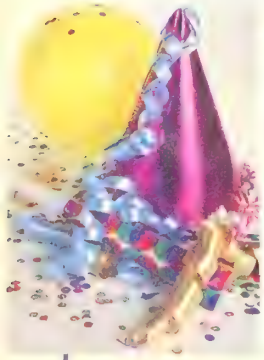
NOT VERY.

NO PROBLEM.

CAN'T RIGHT NOW.

Say yes, you'll do it after all.

Put up your feet and congratulate yourself. And woe to the telemarketer who calls while you're doing it!



Now you're working day and night—and your husband picks this time to ask if you'll plan a surprise party for his sister. Your reply:

How worried are you about what your boss thinks?

ARE YOU NUTS?





SURE, SWEETIE!

Feel a great sense of relief until you remember the fund-raiser and project.

Tell your family and friends you'll see them in a month.



FLEE TO VEGAS.

Turn to your husband in the middle of the night and say what you should have said in the first place:

Pasta Pronto:

3 9042 05042294 5

OURNAL

MAY 2000

BBI McCAUGHEY
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Good News
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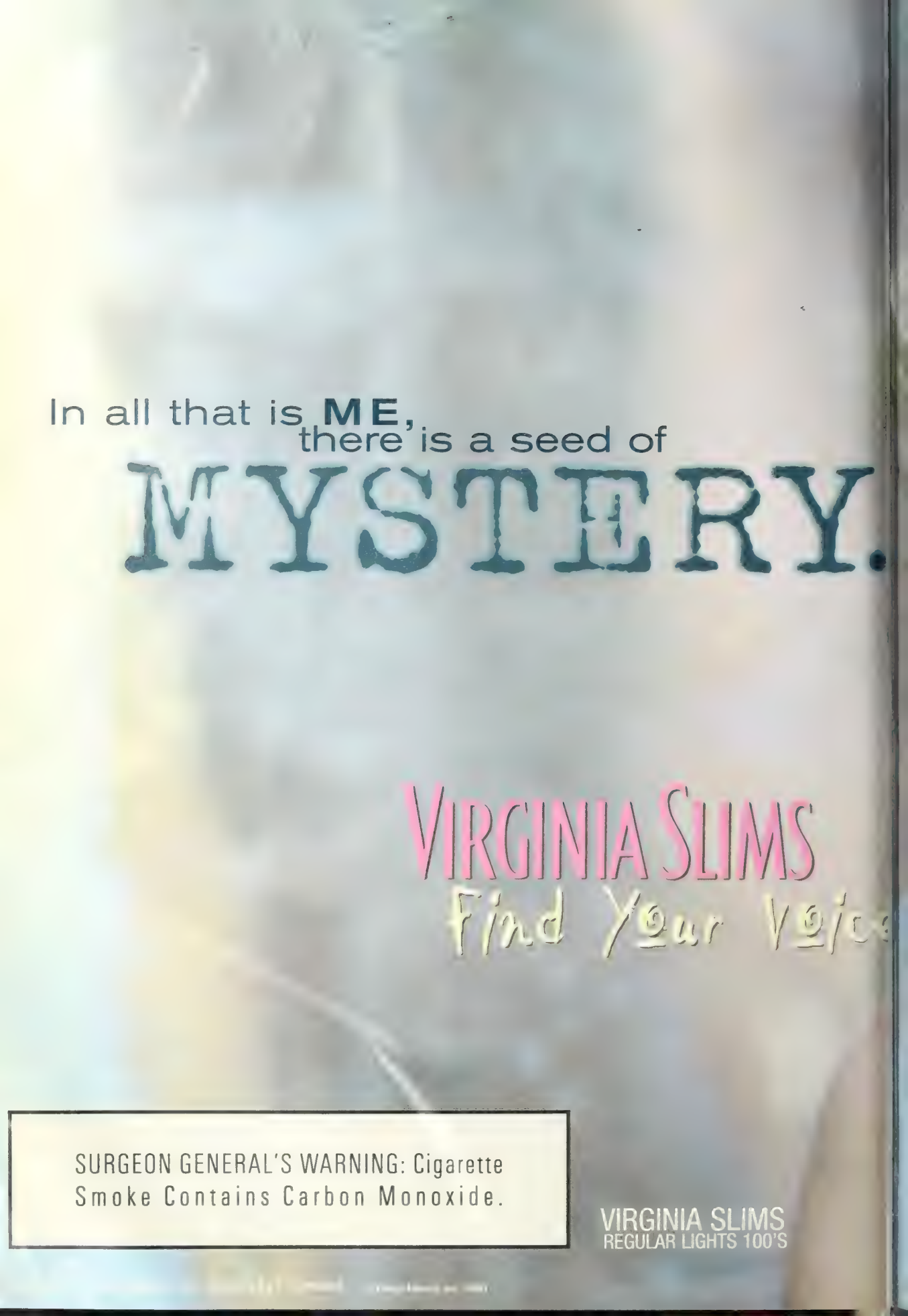
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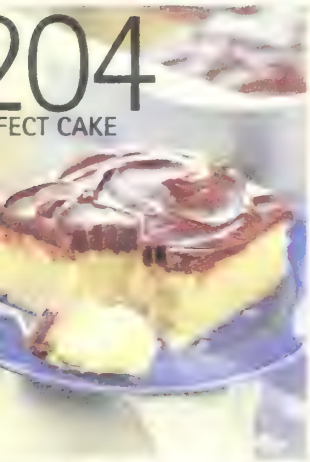
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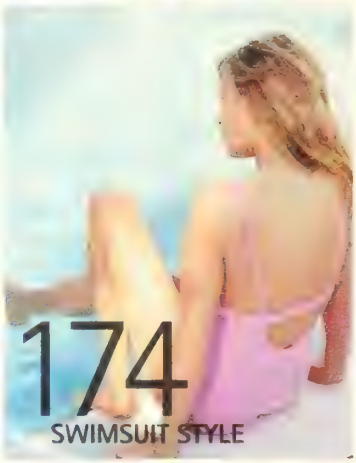
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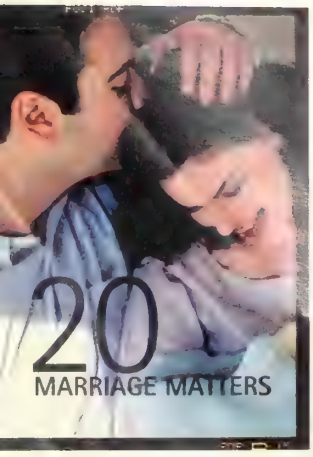
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166 SEE HOW THEY GROW At two and a half, the McCaughey septuplets are progressing faster than their parents and their doctors ever dreamed, and there's new hope for the two frail ones. By Kathryn Casey

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120 LABOR DAYS The birth of a baby is most always an eagerly awaited event, but these expectant mothers learned that sometimes it nonetheless can catch you by surprise. By Nancy Kalish

124 MOTHERHOOD THROUGH THE DECADES Five noted writers reflect on how their roles as mothers and women have changed over the last fifty years.

130 MY DAUGHTER THE STAR They're women who have managed their celebrity daughters' way to the top—proof that even when you're all grown up, Mom can still know best. By Rebecca Ascher-Walsh

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164 HOME NEWS Proud of your green thumb? Show off your favorite plants and flowers with these designer picks of the prettiest pots and planters.

180 THE NEW AMERICAN HOME How is domestic happiness being redefined for today? With rooms that make family fun time a top priority. Produced by Kimberlie A. Waugh

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190 READER REQUESTED You wanted solutions to the daily dinnertime challenge, and here they are: easy, one-pot dishes, kid-friendly fare, new ways with chicken, and lots more, ready in no time flat.

200 IN SEASON: SWEET ON MELON Chill out with a variety of refreshing flavors from the melon patch.

204 THE PERFECT YELLOW SHEET CAKE This one-pan wonder is an irresistible combination of tender vanilla cake and rich chocolate frosting.

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LADIES' HOME
JOURNAL

DATE: **5/00**
FROM: **Myrna Blyth**
RE: **Judge Judy**

Wit and wisdom from this year's One Smart Lady Award winner



Each year *Ladies' Home Journal* honors an outstanding woman at a gala One Smart Lady luncheon. Some of the women we have honored in the past include Hillary, Rosie and Oprah. This year we saluted another remarkable woman, the dynamic Judge Judy Sheindlin.

Judge Judy was exactly as she appears on TV—straight-talking, energetic, funny and warm. Here is some of the advice she gave our enthusiastic audience.

On husbands: "Make sure you choose one who is not threatened by your capabilities, because if he is, you will be controlled your whole life. You're never going to be allowed to fly, and that will break your spirit. And it's a very strange thing because women don't do that to men, don't try to limit them. I mean, we may try to housebreak them, but that's a different thing."

On work and family: "Women should not have to make a choice between having a family and having a satisfying career. Guys don't have to make that choice. If women do, they are shortchanging themselves."

On her own career: "The substance of my career will always be the twenty-five years I spent in Family Court. I did two thousand cases a year, and if I made a difference in ten of those cases, ten of those families, believe me, it was worthwhile."

You'll be reading more from Judge Judy in our pages soon. We'll be excerpting her upcoming book *Keep It Simple, Stupid* (Cliff Street Books) this summer.



From left: Myrna Blyth presents LHJ's One Smart Lady Award to Judge Judy; Joy Behar and Florence Henderson stopped by with congratulations; Judge Judy says her husband, Judge Jerry Sheindlin, always shows how proud he is of her accomplishments.

SOUND BITES

"The next generation of cancer therapeutic drugs will be tailor-made. When a patient comes in, we'll take a drop of her blood, and know exactly what kind of cancer she has and exactly what drug to use."

—"Breast Cancer Breakthroughs," page 1

"I've learned to say no. I'm a recovering perfectionist."

—Naomi Judd, "Naomi Now," page 15

"We've known there were special concerns for Nathan and Alexis. But these last months, we've seen real progress. We have real hope."

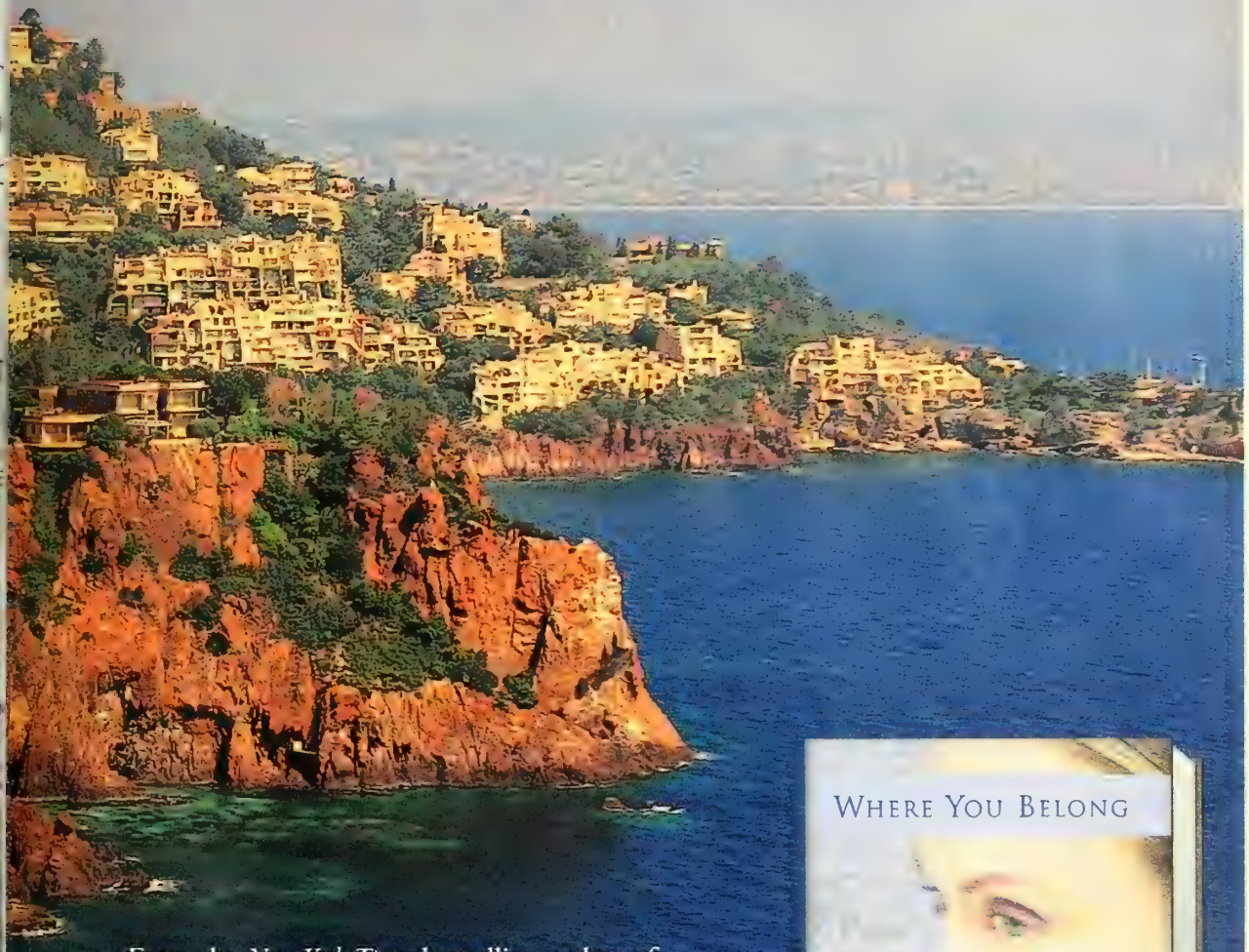
—Bobbi McCaughey, "See How They Grow," page 166



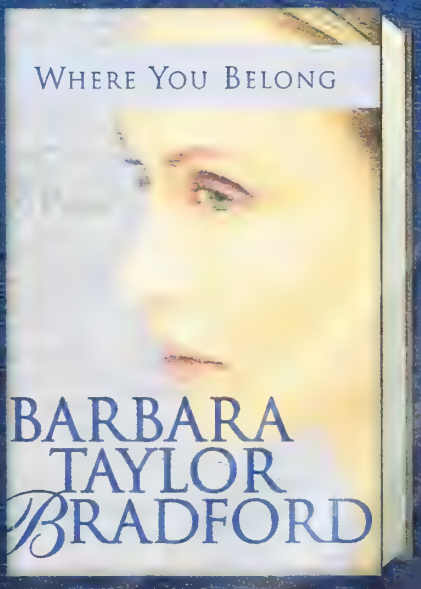
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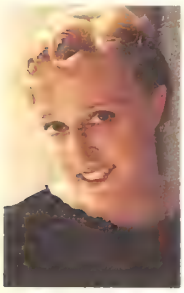
NANCY KALISH

ASSIGNMENT: To interview women with astonishing stories about giving birth for "Labor Days" (page 120).
PERSONAL TAKE: "All moms love to tell war stories about childbirth, but these are the best I've ever heard. I'm now a little more humble about my own 'rough' experience."

"This mother is determined to see that justice is done for her daughter."

—Peg Tyre, who wrote "Justice for Martha?" (page 170) about the Moxley-Skakel murder case.





PATRICIA SENER

"I pulled almost everything out of my bag of tricks for this job," says Patricia Sener, the professional "child wrangler" who kept the McCaughey septuplets smiling during the photo shoot for "See How They Grow" (page 166). "It's an exhausting business, but it's great to get to act like a kid all day."

MARY HICKEY

OCCUPATION: writer and editor
ASSIGNMENT: To chronicle her attempts to log eight hours of sleep a night for "Getting Enough Sleep? Dream On!" (page 70).
RESULTS: "Though it's hard, I'm still trying to make sleep a priority. I definitely feel better when I do."





"There was so much melon, we were eating it for a week. It was heaven."

—Rita Maas, who photographed the food stories "Sweet on Melon" (page 200), "Reader Requested" (page 190) and "The Perfect Yellow Sheet Cake" (page 204).

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"We Had to GIVE UP Our BABY"

THIS MONTH'S CASE:

After losing little Haley, **JAMIE** wanted to adopt again right away, but **BEN** refused to risk another heartbreak. Both of them needed to deal with their grief in their own way **By Margery D. Rosen**

JAMIE'S TURN "I never thought we'd lose Haley," wept Jamie, thirty, a former librarian. "Everything had been wonderful in the two weeks since we had brought her home. Then one afternoon two months ago, the counselor who had arranged the adoption called. 'Jamie, I have some terrible news,' she said. 'Haley's birth mother changed her mind. I'm so sorry.'

"'Come get her right now,' I wailed, 'or I'll never be able to let her go.' Ben and our kids, Tommy and Samantha, bolted upstairs, and we all hugged and cried. The counselor arrived early that evening. I can still remember how sweet my baby's hair smelled as I kissed her good-bye for the last time. I thought I would die of grief.

"Ben and I are both so weary. I don't know how we can go on. And we're terribly worried about our children. Tommy, our other adopted child, is five, and he keeps asking, 'Is my birth mommy going to take me away, too?' Samantha, three, is our biological child, and she's simply confused.

"It doesn't help that Ben and I have been arguing constantly, which has never been our style. He actually told me he'd never wanted another child in the first place! How can he say that? Being a mother is my life, what I've dreamed about since I was little.

"I grew up in Washington, D.C. My parents divorced before I was a year old, and my dad moved to Chicago. I saw him only sporadically after he moved away; when I was twelve, he died of a heart attack.

"Mom went on to marry a divorce lawyer with two sons, and when I was sixteen, we moved to Denver. My stepfather verbally and sometimes physically abused me, but Mom was too preoccupied with taking care of him and the boys to intervene.

"I met Ben my freshman year of college. He was just so much fun to be with, so passionate about everything. Once we began dating, we quickly fell in love.

"After graduation, I moved to New York to get my master's degree in library science, while Ben launched his career as a stockbroker. After I completed my studies, I moved back to Denver, and we were married.

"After a year of trying to have a baby, we started infertility treatments. From that day on, our lives became totally focused on having a child. With each procedure, surgery and miscarriage (I had two), we freaked out more and more. Yet *(continued)*

The MOST POPULAR, MOST ENDURING women's magazine feature in the world. This month's case is based on information from the files of Lynn Heitler, L.C.S.W., a marriage therapist in Denver, Colorado. The story told here is true, although names and other identifying details have been changed to conceal identities.

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"I know Ben is going to adore a third baby as much as he loves Tommy and Samantha," said Jamie. "Why is he being so stubborn?"

(continued) each disappointment made us even more determined to have the large family we'd always dreamed of. We tried artificial insemination several times without success, but we drew the line at in vitro fertilization because of the cost. That's when we decided to consider adoption.

"We expected the process to take years, but scarcely two months after registering with the adoption agency, we were told about a pregnant college student who wanted to meet us. That's how Tommy came into our lives. From the very beginning, we were open with our son about his birth, and we're in touch with his birth mother and her parents. I left my job so I could care for him full-time.

"But while we were ecstatic about Tommy, we never gave up hope that I might have a baby naturally. After two years I finally became pregnant with Sam. Of course I was thrilled, but I still wanted more children. I went on to have yet another miscarriage. I told Ben, 'I refuse to give up on having a third child.'

"Three weeks after that conversation, the agency told us about Vicky, a pregnant twenty-nine-year-old student who already had a son from a failed marriage. We visited Vicky every weekend throughout her pregnancy. Ben and I were present for the birth, and Vicky introduced me to all the nurses as Haley's mom.

"In Colorado, there's a forty-five-day period during which a mother can legally reclaim her baby before the adoption is deemed final. I never thought it would happen to us. When Vicky took back Haley, it was like a death in the family.

"Nothing is the same anymore. Ben's always been very conscientious about providing for us, but now he's become a workaholic. And every time I try to bring up the subject of adopting again, he says he doesn't want to do it. It's as if he's put Haley right out of his mind.

"Look, I know Ben. He's going to adore a third baby as much as he loves Tommy and Samantha. Why is he being so stubborn?"



BEN'S TURN "I had a gut feeling from the start that something about this adoption was all wrong," said Ben, thirty, a soft-spoken man with warm brown eyes. "Vicky kept changing her mind about when and how she would give us the baby. But the few times I mentioned my doubts, Jamie went nuts. 'Oh, no. You're imagining things. Nothing's wrong!' she'd insist. I didn't press the issue. She was in love with that baby from the moment we first found out about her.

"Jamie is so desperate to have another child that it breaks my heart to even suggest otherwise. But I told her after we adopted Tommy that I didn't know if I could go through such an emotionally charged procedure again. Maybe I was afraid that because everything had gone so perfectly, we were bound to be disappointed if we took the risk one more time.

"Then there are the huge demands of raising a large family. I'm one of six myself, and we're all very close. But my parents were saints who managed a bustling, happy household with few problems, and I don't know if I can handle that. I feel incredibly selfish just thinking that way, let alone admitting it to Jamie.

"In fact, I've never been good at saying no to my wife. She's always had a strong need to control things, and I've tried to be patient and understanding. Many times, especially after her miscarriages, I'd wonder: Is this worth it? We tried not to let our lives revolve around making a baby, but it happened anyway. In the last few years, the spontaneity of our lovemaking has disappeared. Before we adopted Haley, I was always worrying whether I'd be able to perform on the required night.

"I can't take it anymore. Jamie's blaming me for things that aren't my fault, and she's furious because I don't feel the same way she does. I tell her *(continued on page 26)*



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From the play of light on the surf and sky to the sleek, cavorting dolphins, every facet of "Dolphin Majesty" from celebrated marine artist Christian Riese Lassen entices you to enter paradise.

A magical vision of Mother Earth's beauty, the spray of waves and beckoning dolphins are hand-cast with consummate care in sculptural high relief, bringing a glorious world to life—a world that stirs your soul. The hand-tinted hues and dramatic seascape lend captivating perspective to this glistening work crafted in Ocean Glasse, a special combination of translucent blue resins that beautifully conveys the translucence and fluidity of a rolling ocean wave.

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(continued from page 22) that I love her and will always be there for her, but she's clearly not listening. She calls me cold and heartless, or threatens to leave me if we don't have another child. How can she say things like that? Why should I want to be with someone who is constantly ripping me apart? So maybe I am pulling away, and maybe I do spend more time at work. At least my colleagues don't put me down.

"I think I've been pretty darn understanding. But I will never comprehend why Jamie stubbornly insists on putting all of us through this pain again. We have two beautiful, healthy children. I think our family is complete. Why doesn't she? And how dare she accuse me of not being upset about Haley? I lost a baby, too, and it tears me apart, even though I'm not crying every day over it. It's time to stop this so we can all move forward."

"Recently, the adoption agency called. A baby boy was available. 'I wanted this child more than anything,' Ben said"

THE COUNSELOR'S TURN "Jamie and Ben were emotionally stuck—both inconsolable in their own ways," the counselor said. "Grief and their inability to resolve the issue of having another child made them impatient and argumentative.

"I suspected that Jamie's preoccupation with having more children was aimed at filling a deep void within herself. Jamie had lost her biological father to divorce, neglect and finally death, and then her mother abandoned her emotionally. Not surprisingly, Jamie tried to ease her anxiety by keeping control over her life, and she yearned to love and be loved by a houseful of children.



"But things don't always turn out the way we expect. When life went awry for Jamie, she became belligerent, which quickly pushed Ben away. She needed to recognize when she did this and to acknowledge that Ben had legitimate feelings, too.

"Ironically, Ben didn't think he had a right to his own feelings, either. As often happens in large families, he had learned early on that his chances of getting his own way were slim. His need to be a people-pleaser came from his desire for attention in a chaotic household.

"I challenged Ben: 'Can you force yourself to refuse to do things you can't or don't want to do?' He came to trust and voice his inner feelings, and to find his priorities.

"We spent many sessions discussing the loss of Haley. I pointed out to Jamie that people grieve in many ways. 'Just because Ben doesn't share your emotions exactly or respond the way you do doesn't mean his feelings are any less important or that he's heartless,' I said.

"I asked Ben a tough question: 'Did you feel relieved in any way when Vicky took Haley back?' After several minutes, he softly said, 'Yes.' It was a painful secret to confess, but it showed the couple how torn Ben had been about an adoption he had always feared would go wrong. They learned how to empathize and help each other through the grieving process, until they were at a point where they could discuss having another child.

"After much soul-searching, Ben realized that his reluctance was more about adoption than it was about adding to their family. However, he was willing to try having a baby naturally, which was still possible and safe for Jamie.

"We discussed waiting six months before trying to conceive. 'You need time to heal,' I said, 'and if you start right away, that child will always be connected to the loss of Haley.' They also agreed to stop trying after a year.

"Tommy's and Samantha's fears about losing their parents needed to be addressed honestly but simply. 'Tell them: "Families are created in many ways,"' I suggested. '"You're our children, and no one can ever take you away from us."'

"Counseling ended after six months. I didn't expect to hear from the couple after that, but recently, Ben called to share two unexpected bits of news. First, the daughter of a dear friend of theirs had passed away suddenly, which made them realize anew how precious life can be.

"Shortly after that, they got a call from their adoption agency: A baby boy was available. Ben's reaction surprised both Jamie and himself. 'I wanted this child more than anything,' he said. He assured me that he hadn't been pressured into the decision, and that he and Jamie were prepared to face whatever might happen. Happily, the adoption of little Zach recently became final.

"It's not easy to open your heart after a difficult ordeal, but these two have the skills to try—together." ■

Host Maury Povich will be discussing this month's column on the April 21 episode of *The Maury Show*. Check your local listings for show time.

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May Calendar

May 6 Have your cake and eat it, too. It's **International No Diet Day**, a 24-hour moratorium on dieting. Mary Evans Young, a recovering anorexic and British author, declared this day to challenge the cultural attitudes that lead to chronic dieting and weight-loss obsession.

May 11 Today marks **Equal Pay Day**, the point in the year when a working woman's earnings finally catch up to a man's from the previous calendar year. Although Federal law prohibits wage discrimination based on gender or race, women still earn an average of 73 percent of what men earn. Call the National Committee on Pay Equity (202-331-7343) to find out how you can help advocate paycheck equality.

May 14 The **Million Mom March** is looking for a few good moms to join them this Mother's Day for a march on Washington, D.C. (and simultaneously in states across the country). Purpose: to call on Congress to support sensible gun-control laws. So raise your voice—and move your feet—to protect your family from gun violence.
Call 888-989-6667 or visit *www.millionmommarch.com* to sign up.
—Alison Calabia



The sisters share a strong bond. "Without her, I wouldn't be here; without me, she wouldn't be here," says Anissa



FOLLOW-UP

SAVED BY HER SISTER

In 1988, Anissa Ayala's only chance to beat leukemia was a bone marrow transplant. After a year-long search for a donor, her parents decided to have another child, in hopes that the baby could save Anissa's life. Marissa, born in1990, was a match.

Almost nine years since the transplant, Anissa, now 28, is considered cured. She and Marissa, a fourth-grader, are extremely close. They get together frequently to go shopping, play Monopoly and watch movies.

When Anissa was ill, she vowed that "if I survived, I would do whatever I could to give back." Today, she is a recruitment specialist for the American Red Cross Marrow Donor Program. Two years ago, she co-founded the Anissa Foundation to recruit donors and provide financial aid to families of leukemia patients.

Since 1988, the national registry of bone marrow donors has grown from 17,000 to 4 million. But "there are still thousands of patients waiting," Anissa says. "I hope I've reminded people about the need." —Christine Many

AMERICAN SNAPSHOT

PAYCHECK CHECK-UP

In 1998, average annual pay in the U.S. was $31,908, but plenty of people came home with more dough—and many came home with less. A look at the counties on both ends of the salary spectrum:

Fattest Paychecks	SALARY	Slimmest Paychecks	SALARY
1. New York, NY	$62,838	1. Hidalgo, TX	$20,717
2. Fairfield, CT	$53,169	2. Horry, SC	$20,762
3. Santa Clara, CA	$51,409	3. Cameron, TX	$20,962
4.Washington, D.C.	$48,727	4. Yakima, WA	$21,483
5. Arlington, VA	$48,358	5. Tulare, CA	$21,812

SOURCE: BUREAU OF LABOR STATISTICS

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Nine months, 3,100 miles and eighteen pairs of shoes after she started, Polly Letofsky, 38, of Vail, Colorado, is on her way to becoming the first woman to walk around the world. Her goal—besides winning a world record—is to raise at least $350,000 for breast-cancer research and education.

When she was twelve, Polly read about the first man to walk around the globe and decided that she would be the first woman to do so. "Four years ago, I thought, I have got to get this done, so I went for it," she says. She charted her route—which will cover 18,000 miles through twenty-three countries and take about three and a half years—and trained by walking, biking and weight lifting.

Since August 1, Polly, a former hotel manager, has walked through the western U.S. and New Zealand; she is now in Australia. She has collected $90,000 and is telling women about the importance of mammograms. "The best thing is the people," she says. "There are so many who are affected by breast cancer, and they all want to talk to me about it." —Liz Ozaist



For more about Polly's walk, or to make a donation, visit *www.worldwalk-foundation.com*

PULSE POLL

Which would you rather have, brains or beauty?

71% Would rather have brains

29% Would rather have beauty

BASED ON RESPONSES TO A QUESTION POSTED ON *LADIES' HOME JOURNAL*'S WEB SITE, *WWW.LHJ.COM*

THREE CHEERS FOR GAL GEAR



Women's sports equipment used to be distinguished from men's only by the P—as in pink factor. But with women's participation in sports surging, P now stands for product—and ProFlo sports bras and Air Swoopes signature shoes are becoming par for the course. More of the latest: • Rawling's ponytail helmet won't hamper your hairstyle. Its ingenious back cutout lets tresses trail free. • Fielder's gloves from Spalding and Wilson boast narrower finger stalls, with different flex points and padding patterns to compensate for women's smaller hands and weaker gripping strength. • Tyr's swimming goggles are engineered for the smaller eye socket and narrower nose bridge on the female face. —Catherine Fredman

10 THINGS ABOUT BBQ

1 Seventy-five percent U.S. households have a barbecue grill. Of those who own grills, the average per household is 1.4 grills.

2 Most people barbecue nearly five times a month "in season." An intrepid 57 percent of barbecuers use their grills year-round.

3 Men are twice as likely as women to tend the grill (67% vs. 33%), but women are more likely to decide what to cook on it.

4 Insects, flimsy paper plates, unsteady lawn chairs, inadequate plastic cutlery and sticky condiment bottles are the five top barbecue bothers according to a survey.

5 The first drive-in restaurant was a barbecue joint called the Pig Stand (it opened in 1921).

6 The first restaurant run by the McDonald brothers (yes, those McDonalds) was a barbecue drive-in in San Bernardino, CA.

7 Today, there are nearly 11,000 barbecue restaurants in the U.S.

8 The All-Pork Barbecue Championships, the world's largest barbecue contest, takes place in Memphis this month.

9 In Texas, real barbecue means beef brisket; in the South, pork; in Kansas City, either beef or pork.

10 In *Gone with the Wind*, Scarlett met Rhett at a barbecue.

—Alison Cala and Sarah Sm



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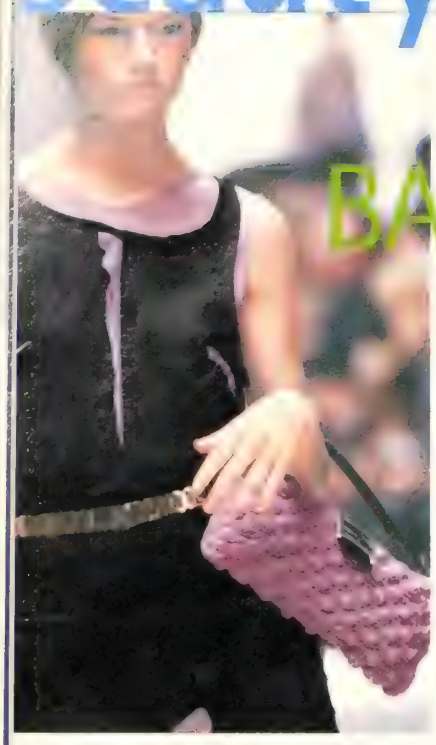
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"Miracle Giveaway" Sweepstakes Official Rules

No Purchase Necessary. Complete an official entry form, available at Quality brand hotels between May 1, 2000 and September 4, 2000, or on a piece of paper approximately 3" X 5", handprint your name, address, daytime phone number, ality "Miracle Giveaway" Sweepstakes, PO Box 4800, Chestertown, Maryland, 21690, to be postmarked by September 4, 2000, and received no later than September 11, 2000. All entries must be mailed in separate outer mailing envelopes r responsible for lost, late, incomplete, mutilated, illegible, postage due or misdirected entries. No mechanically reproduced entries or facsimiles allowed. Sponsor reserves the right to disqualify any entrant who violates the rules of entry. All e the property of Sponsor and will not be returned. **2. WINNER SELECTION:** A random drawing will be conducted by Promotion Development Group, Inc., an independent judging organization whose decisions are final, on or about September among all eligible entries received. Prizes will be awarded to winners in the order in which they are selected, at random, and listed in the section labeled PRIZES. Actual odds of winning based on number of eligible entries received. Winners by overnight mail and will be required to execute an Affidavit of Eligibility/Liability release within 14 days of notification attempt or prize will be forfeited and sponsor can randomly determine an alternate winner. **3. PRIZES:** Grand Prize: ERV $100,000). First Prize: (10) $1,000 (ERV $1,000). All prizes will be awarded in the form of a check. Total Retail Value of prizes: $110,000. **4. ELIGIBILITY:** Sweepstakes open to legal residents of the 50 United States and the District ge 18 and older, as of May 1, 2000, except employees and their immediate families of Choice Hotels International, Inc., Quality, Gray, Kirk/VanSant Advertising, Inc. and Promotion Development Group, Inc., their respective parent companies, diaries, vendors, and agencies are not eligible. This promotion is void in Puerto Rico and where prohibited/restricted by law. Federal, state and local laws and regulations apply. **5. GENERAL CONDITIONS:** By participating, entrant agrees and the decisions of the judges. Prizes are non-transferable. Taxes, if any, are the winners' responsibility. Winners consent to the use of their name and likenesses for advertising/publicity purposes without additional compensation, except d by law. Limit one prize per family or household. Prizes guaranteed to be awarded and no substitutions allowed except by sponsor, who reserves the right to substitute a prize of equal or greater value. Choice Hotels International, Quality, Sant Advertising, Inc., Promotion Development Group, Inc., their agencies and respective parent companies, affiliates, subsidiaries, their directors, officers, agents and employees, and all others associated with the development and is sweepstakes shall not be responsible or liable for damages, losses or injury resulting from this sweepstakes or the acceptance or usage of any prize. Sponsor reserves the right to terminate this sweepstakes in its sole discretion at any me aware of any occurrence which would materially affect the sweepstakes security or fairness. **6. WINNERS LIST:** For an official winners list, send a self-addressed stamped envelope to: Quality "Miracle Giveaway" Sweepstakes Winners 800W, Chestertown, MD 21690 by September 30, 2000. (WA residents may omit postage.) **7. SPONSOR:** The sponsor of this promotion is Quality, 10750 Columbia Pike, Silver Spring, MD 20901. ©2000 Choice Hotels International, Inc. ved. Printed in U.S.A.

beauty&fashion news



ON TREND

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Iridescent paillets by Guess? Handbags, $52; gray zebra stripes on silk at Sisley by United Colors of Benetton, $64

TRY BEFORE YOU BUY



hit the wall

. . . Cover Girl's Shade Central wall, that is, where you'll find interactive features such as a fifteen-shade color wheel to help you choose the foundation that precisely matches your skin tone. Still not sure? Then take home a "tiny try" sample (pictured at left) for $1.25 before committing to a whole bottle.

MORE BEAUTY, LESS EFFORT

Complexion a little less than luminescent? The new light-reflecting lotions (such as Prescriptives Magic Illuminating Liquid Potion and Estée Lauder Spotlight Skin Tone Perfector) bring dulled, tired skin a step closer to looking flawless. These brighteners contain light-diffusing elements that blur fine lines, camouflage redness and impart a fresher, dewier look. Makeup pro's tip: Blend on over your usual moisturizer for best results.

BARGAIN BEAUTY

BROWBASICS



Well-groomed eyebrows make for a modern face. Fun's Eyebrow 101 Kit ($5.99) contains a spiral brow comb, tweezers, two brow powders with a brush, and clear grooming gel—everything you need to get brows in great shape.

CELEB PICK

Jenna Elfman, star of *Dharma & Greg*, changes her hairstyle as often as her quirky TV character switches yoga poses. But one lock-look remains constant: Elfman's hair is always super-shiny. Her secret: Terax Crema Hair Treatment, an ultra-luxe deep conditioner.

JENNA ELFMAN





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cs designed to make a meeting
use a scene.

sh capri pants in black, white and
ham, $34. Sleek shells with side
s, $26. Strappy sandals, under $30.
urn to the classics by Worthington.

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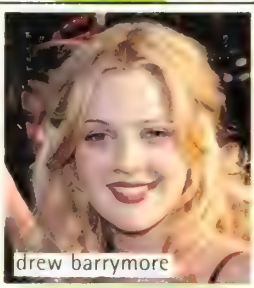
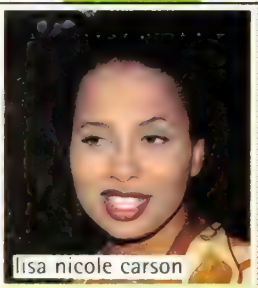
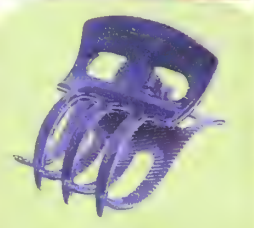
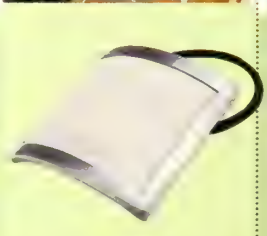
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	SHORT	WAVY	CURLY	STRAIGHT
	 winona ryder	 drew barrymore	 lisa nicole carson	 gwyneth paltrow
DAYTIME	 Colorful bobbies add neatness for work. By Goody, 6 for $1.49	 Pull side hair all the way back with a butterfly clip. By France Luxe, $22.50	 Add instant polish with a firm-hold elastic band. By Ficcare, $35	 A beaded headband lets long hair hang free—but neatly. By Karina, $5.50
EVENING	 Micro-mini clips hold tiny pieces at the temple. By Goody, 10 for $1.99	 A soft rhinestone band dresses up any outfit. By Joomi Joolz, $40	 Hold a half-up style with chopsticks at the crown. By Tarina Tarantino, $15	 Glamorize a low ponytail with a jewelled band. By Gerard Yosca, $10

solved

Sweeping hair u and out of the v can be tricky if you've got lots pieces around y face that fall ou a clip or barrett But there's a ne crop of accesso in go-with-everything materials—torto gold and silver, dressy sparkling beads to help. U the chart at left choose the best style for your ha type. Need extra help getting hai stay put? Pair li materials, such a matte gold headband, with matte gold pony holder, or a tort butterfly clip wi tortoise bobby p

The sun

is some

93 million

miles

from earth.

Tell that

to your skin.

nay not realize all the sun your skin's actually taking in. Like the
inute trip to the supermarket. The 40-minute bike ride. Even the
nute chase after your runaway dog. But you can help protect your skin
day, with Lubriderm® Daily UV. A non-greasy feeling, light moisturizer
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See You Later Alligator.

THE SHORT LIST

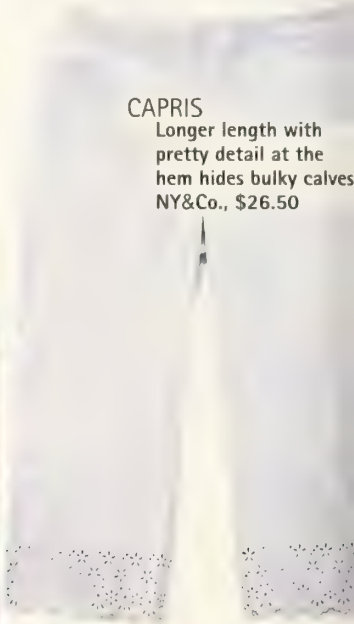
They're a warm-weather requirement for comfort: From pedal pushers to hot pants and capris, there are lots of great looks to choose from this season



CLAMDIGGERS
Relaxed fit and side vents help smooth over tight spots. A.B.S by Allen Schwartz, $110



A-LINE
Roomy pleats skim over saddlebags. Lizsport, $32



CAPRIS
Longer length with pretty detail at the hem hides bulky calves. NY&Co., $26.50





PEDAL PUSHERS
Side-zip and no pockets flatten tummy and smooth hips. XOXO, $38



HOT PANTS
Short shorts show off toned and trim gams. A.B.S by Allen Schwartz, $100



BERMUDAS
Crisp cuffs and stretch tailoring flatter everyone. Dollhouse, $40



CARGOS
A drawstring waist makes for an easy fit that's body-friendly. Lauren, by Ralph Lauren, $55



BOARD SHORTS
Baggy fit hides jiggly thighs and rear. Old Navy, $30

ON TO MAKE EVERY MORNING

GOOD TO THE LAST DROP















MAKE EVERY DAY

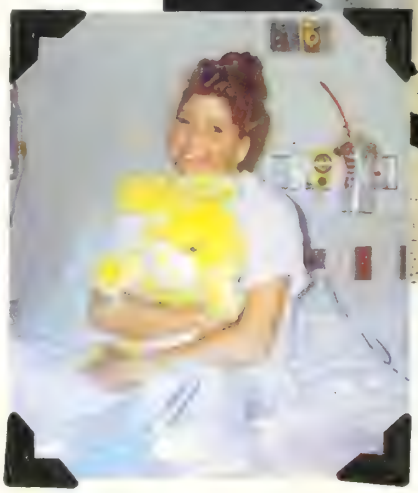
GOOD TO THE LAST DROP.

Full SPEED Ahead

Cystic fibrosis prevented me from being a runner. But after a double-lung transplant, I'm in the race

By Dottie Lessard-O'Connor, as told to Jill Porter





While I was on the waiting list for a double-lung transplant, I was so sick I had to be hospitalized several times, including this 1993 stay (above). But I vowed to fight the disease that had claimed the life of my friend, Penny

It was a beautiful morning in May 1995 when I phoned my father and told him I was going for a run. My heart was pounding as I laced up my sneakers and walked out of my apartment in Haverhill, Massachusetts. I was scared. I was twenty-nine years old and had never been out for a run.

I was born with cystic fibrosis (CF), a disease that clogs the lungs with thick mucus and inhibits the body from absorbing nutritional fat. As a child, I was the smallest one on the block. I always had to stop to catch my breath while the other kids raced around. In middle school, I'd get dressed for gym and then sit on the curb while the rest of the class sprinted up a steep hill. That's when I began to dream of the day I would run like everyone else. It was a fanciful notion—at that time half of all CF patients died before age nineteen (today it's thirty-two)—but I had always believed that somehow things would work out for me.

I was never acutely ill as a young child. As a teenager, however, I was hospitalized twice a year for "clean-outs," which lasted from ten days to two weeks. During these intense sessions, a physical therapist would pound on my chest a few times a day to loosen the mucus in my lungs, and I would receive intravenous antibiotic treatments. My disease tethered me to home, with my medications and nebulizer—a misting machine that opens the airways—and daily visits from a physical therapist to pound on my chest. After I graduated high school in 1985, I studied fashion design and merchandising at a nearby junior college. When I was hospitalized, I'd still go to classes, wrapping my arm in gauze to cover the intravenous line and telling my classmates that I'd burned myself. Only my family and close friends knew I had CF. I rarely told others because I didn't want to be pitied or treated differently.

For years I'd been friends with another CF patient, Penny Dumont, who was a year older than I am. In October 1989, the doctor who treated us both called from the hospital and said I'd better come quick—Penny was dying. I sped to Massachusetts General Hospital, in Boston. I was holding her hand when Penny died that same day, a week after her twenty-second birthday. I was angry *(continued on page 42*



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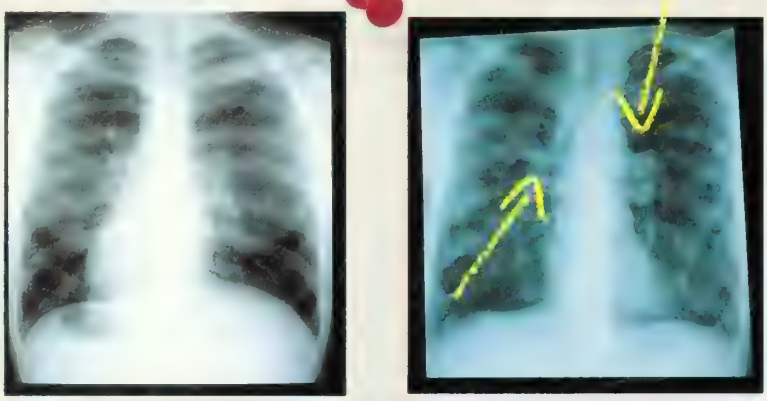
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continued from page 38 and scared, but I promised her I'd fight CF.

By the time I graduated from college, I was so sick that I was hospitalized about once a month, couldn't work and was mostly confined to my parents' apartment, where I lived. My disease limited my parents' lives as well. My father, a foreman at the Haverhill paper mill, turned down promotions to management because he would have sacrificed the job security and medical benefits the union offered. My mother worked part-time so she that could take care of me.

had been done in 1986.) I began pushing Dr. Kon-taik Khaw, who had treated me my whole life, to evaluate me for the surgery. He was reluctant to consider such a radical procedure, but I insisted. I was tested to see if I was sick enough to qualify yet strong enough to survive. In May 1992, I received a beeper and a letter saying I was now on the national organ waiting list as part of the Massachusetts General Hospital Lung Transplant Program.

For the next two and a half years, I was in the hospital as often as I was out. Almost every day, I would



WHEN BREATHING BECOMES A STRUGGLE

For people with CF, one of the most severely affected areas of the body is the lungs. The X rays shown are of lungs from a person who does not have CF (left) and from a CF sufferer (right). Most CF patients have obstructed airways that trap air in the lungs. In addition, the airway walls are damaged by chronic infections that cause the walls to thicken and the airways to become dilated, often forming cysts (a condition called cystic bronchiectasis)

A few weeks later, a young man I was dating inspired me to start weight lifting, which relied on muscle strength rather than lung capacity. I turned our extra bedroom into a home gym, where I'd spend an hour and a half every day on a workout that should have taken half an hour, interrupted by coughing fits and shortness of breath. But I felt I was fighting back against the disease.

In the early 1990s, a woman I knew with CF got one of the first double-lung transplants performed at Massachusetts General Hospital. (The first successful double-lung transplant

cough to the point of throwing up. But I persisted in lifting weights. I became a fitness addict, watching exercise shows and subscribing to fitness magazines.

On October 27, 1994, I got a call at four A.M. from the head surgeon on the transplant team. There was a pair of lungs for me. My parents were somber as we raced to the hospital.

I was in surgery for twelve hours. My lungs were far worse than the doctors had expected since I appeared to be so healthy otherwise, thanks to my workouts and a gain in weight. I had only a 50 percent chance of

surviving the operation, and my hear stopped twice. To allow my body t rest, the doctors put me into a com after surgery, and I spent nearly tw weeks in intensive care. I came hom five weeks after the transplant.

The powerful drugs that suppres the immune system so the bod won't reject foreign organs had le me vulnerable to sickness. The firs year after surgery, I was hospitalize three times with bouts of acut rejection and twice with pneumonia Despite my rough recovery, I neve had a problem breathing after th transplant, which was exhilarating.

When I went in for the transplan I didn't know that my mother ha been diagnosed with bone cancer My parents wanted to spare me th anguish. Her illness was doubl devastating because when I cam home, I had to be so vigilant abou avoiding germs that I couldn't eve be near her. She often had a col because her immune system wa compromised. Eventually, as m recovery progressed, I got a apartment across the street. I spoke t my mother constantly on the phon That Christmas, instead of celebratin my transplant, I was incredibly sa Cancer had spread to her brain. O March 28, 1995, I held my mother hand as she died. I was heartbroke But I felt I owed it to her and t Penny to survive.

Soon after that, my conditio improved. I'd started exercising soon as I got home from the hospita and I was finally feeling stronger. lifted weights and used the treadmi to walk and then, slowly increasin the pace, to jog. I worked up to mile and a half on the treadmill, b it was too cold to run outsid Finally, on that beautiful morning i May, it was time to fulfill my drea of going for a run outside.

I walked out of the apartment, an halfway down the block I started t run. My legs were weak and m chest was heavy, but I wouldn't l myself stop. I flew *(continue*









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through the streets with tears of happiness running down my cheeks. Rounding a corner two miles from where I lived, I saw my mother's grave in the cemetery.

I was so upset that my mother had pushed for me to live and to succeed, and now she wasn't here to see it. So I ran to her grave to show her that I was okay. That day was a turning point. If I could accomplish this, then my new life could truly begin.

In August 1996, I competed in the National Kidney Foundation's U.S. Transplant Games. I won a silver medal in the long jump and came in fourth place in the 100-meter race. I won three medals at the 1998 games, including the silver in the 100-meter race. I plan to compete in the 2000 games in June.

I went back to school in September 1996 to study massage. I wanted to do something related to the human body, but not in a medical setting—I'd had enough of that. Three days before starting school, I met John Patrick O'Connor, twenty-eight, an electrical engineer, and we began dating. We were married last August.

Now I celebrate two birthdays: the day I was born and the day I got new lungs. All I know about the donor is that he was a young mountain climber who died of a brain hemorrhage. So every year on October 27, I climb a mountain near my home, and leave a yellow rose at the top.

I work at a spa three days a week, where I do massage and fitness counseling. I haven't been hospitalized since the year after my transplant, though I'm still evaluated once a year by my doctor. I take two dozen pills a day, including antibiotics, vitamins, and antirejection drugs. Since it's risky for me to have children—the antirejection drugs could harm a fetus—John and I plan to adopt.

I sometimes still have chest pain from the surgery and get headaches from the medication, but I've been so lucky. I go to the gym almost every day and jog three times a week. And every time I put on my sneakers and go for a run, it feels like a miracle. ■



New Hope for Cystic Fibrosis Patients

For some cystic fibrosis (CF) patients, a double-lung transplant is their only lifesaving option. Yet a shortage of available lungs keeps potential recipients waiting an average of more than two years. In 1998, only 373 double-lung transplants were done in the U.S., and 498 patients died on the waiting list.

CF is the number-one reason for the operation. Most lungs come from cadavers, but living-donor transplants, which involve removing a right lower lobe from one donor and a left lower lobe from another, are also performed.

Both forms of the operation pose some risks and do not guarantee a clean bill of health for CF patients, says James Yankaskas, M.D., co-director of the Adult Cystic Fibrosis Center at the University of North Carolina at Chapel Hill. As with any transplant, the body might reject the new organs. The required immunosuppressive (antirejection) drugs may increase recipients' susceptibility to infections and cause other conditions such as osteoporosis. And although the donor lungs are initially disease-free, CF remains in the pancreas and other organs after the transplant, so there's some risk of recurrent infection. The average one-year survival rate for double-lung transplant recipients is 76 percent. After five years, it drops to 51 percent.

—Christine Many

RIMADYL®
(carprofen)
Caplets/Chewable Tablets

Non-steroidal anti-inflammatory drug
For oral use in dogs only

CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION Rimadyl (carprofen) is a non-steroidal anti-inflammatory drug (NSAID) of the propionic acid class that includes ibuprofen, naproxen, and ketoprofen.

INDICATIONS Rimadyl is indicated for the relief of pain and inflammation associated with osteoarthritis in dogs.

CONTRAINDICATIONS: Rimadyl should not be used in dogs exhibiting pre hypersensitivity to carprofen.

PRECAUTIONS: As a class, cyclo-oxygenase inhibitory NSAIDs may be associated with gastrointestinal and renal toxicity. Effects may result fr decreased prostaglandin production and inhibition of the enzyme cyclo oxygenase which is responsible for the formation of prostaglandins from arachidonic acid. When NSAIDs inhibit prostaglandins that cause inflamm tion they may also inhibit those prostaglandins which maintain normal ho static function. These anti-prostaglandin effects may result in clinically s cant disease in patients with underlying or pre-existing disease more oft than in healthy patients. NSAID therapy could unmask occult disease wh has previously been undiagnosed due to the absence of apparent clinical Patients with underlying renal disease for example, may experience exac tion or decompensation of their renal disease while on NSAID therapy.

Carprofen is an NSAID, and as with others in that class, adverse reactio may occur with its use. The most frequently reported effects have been g trointestinal signs. Events involving suspected renal, hematologic, neuroli dermatologic, and hepatic effects have also been reported. Patients at gre risk for renal toxicity are those that are dehydrated, on concomitant diuretic th py, or those with renal, cardiovascular, and/or hepatic dysfunction. Since ma NSAIDs possess the potential to induce gastrointestinal ulceration, concomi use of Rimadyl with other anti-inflammatory drugs, such as corticosteroids a NSAIDs, should be avoided or very closely monitored. Sensitivity to drug-assoc adverse reactions varies with the individual patient. For example, Rimadyl treatment was not associated with renal toxicity or gastrointestinal ulcerati well-controlled safety studies of up to ten times the dose in dogs.

Rimadyl is not recommended for use in dogs with bleeding disorders (e.g Von Willebrand's disease), as safety has not been established in dogs wi these disorders. The safe use of Rimadyl in pregnant dogs, dogs used for breeding purposes, or in lactating bitches has not been established. Stud determine the activity of Rimadyl when administered concomitantly with protein-bound drugs have not been conducted. Drug compatibility should monitored closely in patients requiring additional therapy.

Due to the palatable nature of Rimadyl chewable tablets, store out of reac dogs in a secured location. Severe adverse reactions may occur if large tities of tablets are ingested. If you suspect your dog has consumed Rima chewable tablets above the labeled dose, please call your veterinarian fo immediate assistance and notify Pfizer Animal Health (1-800-366-5288)

INFORMATION FOR DOG OWNERS
Rimadyl, like other drugs of its class, is not free from adverse reactions. Ow should be advised of the potential for adverse reactions and be informed the clinical signs associated with drug intolerance. Adverse reactions ma include decreased appetite, vomiting, diarrhea, dark or tarry stools, incre water consumption, increased urination, pale gums due to anemia, yello of gums, skin or white of the eye due to jaundice, lethargy, incoordinatio seizure, or behavioral changes. **Serious adverse reactions associated w this drug class can occur without warning and in rare situations result death (see Adverse Reactions). Owners should be advised to discontinu Rimadyl therapy and contact their veterinarian immediately if signs of i erance are observed.** The vast majority of patients with drug related adv reactions have recovered when the signs are recognized, the drug is withd and veterinary care, if appropriate, is initiated. Owners should be advised importance of periodic follow-up for all dogs during administration of any N

WARNINGS: Keep out of reach of children. Not for human use. Consult a physician in cases of accidental ingestion by humans. **For use in dogs only** Do not use in cats.

All dogs should undergo a thorough history and physical examination befo initiation of NSAID therapy. Appropriate laboratory tests to establish hema ical and serum biochemical baseline data prior to, and periodically during administration of any NSAID should be considered. **Owners should be advis observe for signs of potential drug toxicity (see Information for Dog Owners Adverse Reactions).**

ADVERSE REACTIONS: During investigational studies for the caplet formu tion, no clinically significant adverse reactions were reported. Some clin signs were observed during field studies (n=297) which were similar for carprofen caplet- and placebo-treated dogs. Incidences of the following observed in both groups: vomiting (4%), diarrhea (4%), changes in appeti (3%), lethargy (1.4%), behavioral changes (1%), and constipation (0.3%). product vehicle served as control.

During investigational studies for the chewable tablet formulation, gastrointe signs were observed in some dogs. These signs included vomiting and soft s

Post-Approval Experience: Although not all adverse reactions are reported following adverse reactions are based on voluntary post-approval advers drug experience reporting. The categories of adverse reactions are listed decreasing order of frequency by body system.

Gastrointestinal: *Vomiting, diarrhea, inappetence, melena, hematemesis, gastrointestinal ulceration, gastrointestinal bleeding, pancreatitis.*

Hepatic: *Inappetence, vomiting, jaundice, acute hepatic toxicity, hepatic enzyme elevation, abnormal liver function test(s), hyperbilirubinemia, hypo bilirubinuria, hypoalbuminemia. Approximately one-fourth of hepatic repo were in Labrador Retrievers.*

Neurologic: *Ataxia, paresis, paralysis, seizures, vestibular signs, disorient*

Urinary: *Hematuria, polyuria, polydipsia, urinary incontinence, urinary tra infection, azotemia, acute renal failure, tubular abnormalities including a tubular necrosis, renal tubular acidosis, glucosuria.*

Behavioral: *Sedation, lethargy, hyperactivity, restlessness, aggressiveness*

Hematologic: *Immune-mediated hemolytic anemia, immune-mediated thro cytopenia, blood loss anemia, epistaxis.*

Dermatologic: *Pruritus, increased shedding, alopecia, pyotraumatic moist dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecchymo*

Immunologic or hypersensitivity: *Facial swelling, hives, erythema.*

In rare situations, death has been associated with some of the adverse re tions listed above.

For a copy of the Material Safety Data Sheet (MSDS) or to report a suspect adverse reaction call Pfizer Animal Health at 1-800-366-5288.

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1. Proprietary market research, 1999. Data on file, Pfizer Animal Health.



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GOOD WILL KEEPING

Q How often do I need to update my will? And where should I keep it?

A It's a good idea to review your will every couple of years. Even if your circumstances haven't changed that much, there's a fair chance that tax laws have. For instance, a 1997 law increased the amount that can be inherited tax-free. To take advantage of new laws, you may have to craft a new will. The best place to store your will is in a fireproof box at home, at your lawyer's office, or in a bank safe-deposit box. If you decide to keep it in a bank, first check their rules to make sure your executor will have no problem opening the box after your death. In most cases, a safe-deposit box is sealed automatically upon the holder's death, so survivors would then have to obtain an order to open it. —*Smart Questions to Ask Your Financial Advisers*, by Lynn Brenner

fending off fund fees

Has a certain mutual fund caught your eye? Before you buy, make sure you like it enough to keep it a while. Increasingly, fund companies are penalizing investors for early withdrawals—and by "early," they mean as long as five years after buying shares.

These redemption fees aren't new. But the length of time needed to stay invested before making a penalty-free withdrawal, which most commonly used to be just several months, has grown to several years. Fund companies say the fee is intended to discourage short-term buying and selling of shares, which can be costly for the fund company and can increase the capital gains taxes passed on to investors. If you want to avoid the disadvantages of other investors' short-term buying and selling, funds with redemption fees might be for you. Look for fund families that put fees back into the fund, thereby compensating shareholders. If your plan is to buy and sell in the short term, seek out funds that won't penalize you. Contact the fund company to find out about their fee policy. —*Michelle DeBlasi*



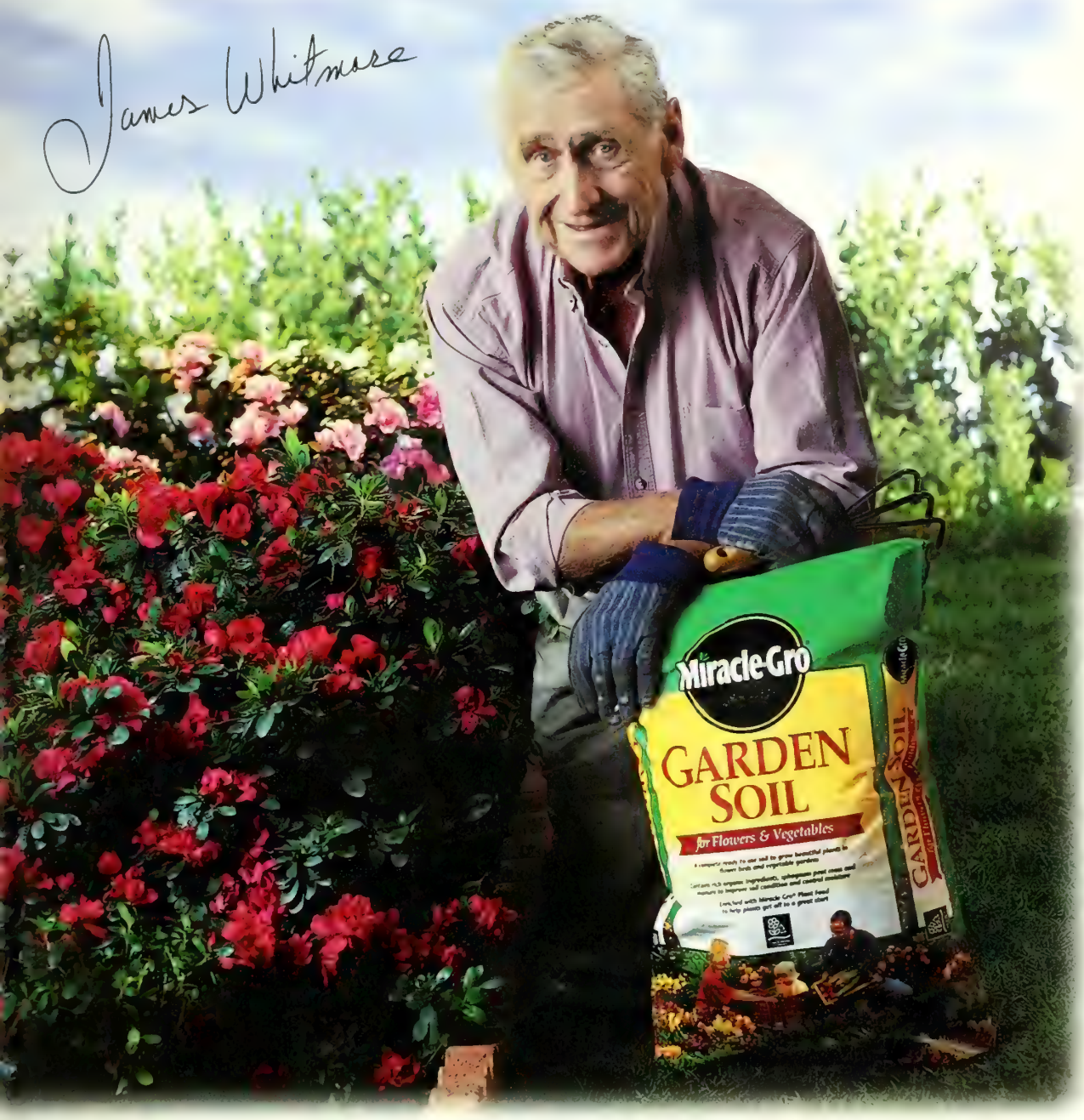
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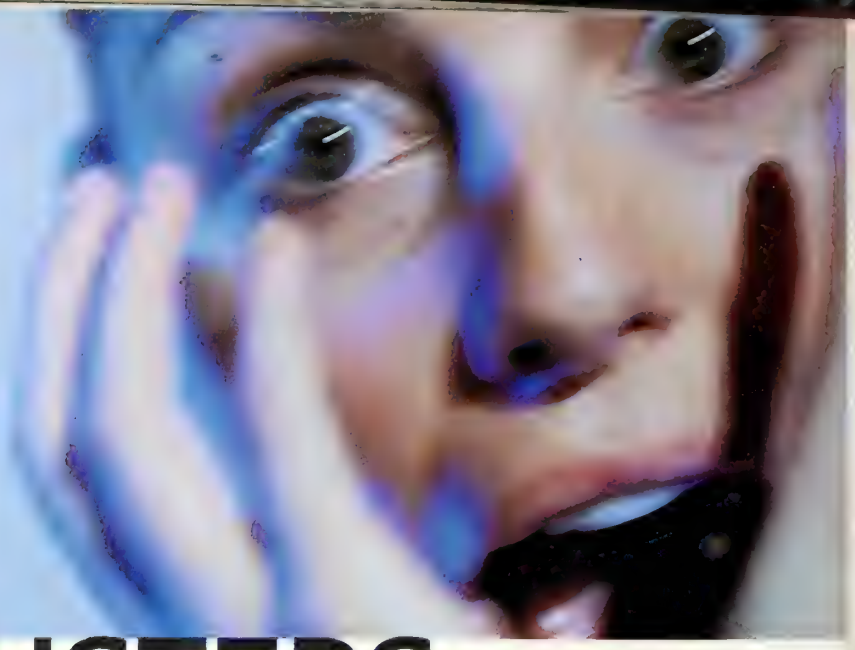
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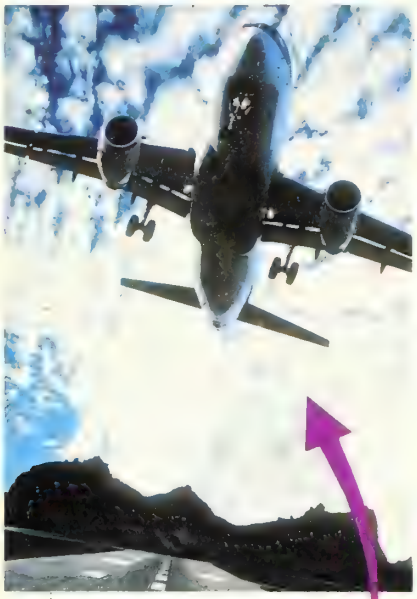
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FEARBUSTERS

A bumpy flight or speaking in public can give anyone the jitters. But some people's phobias threaten to sideline their lives. These women faced their fears head-on **By Bonnie Miller Rubin**



Hypnosis helps white-knuckle flyers

FEAR OF FLYING

Dianne Schuyler used to joke that flying would be fine—if it weren't for the takeoffs and landings. "And I wasn't too crazy about what came in between," says the Chicago banker.

But there was nothing funny about the way this phobia was beginning to dominate her. Dianne, now thirty-nine, had been terrified of flying for most of her adult life. "It got to the point where it was really starting to hold me back professionally," she says. "I couldn't go on business trips to national conventions or seminars, and it sounds like a lame excuse."

Socially, too, it became a major obstacle. "Friends would say, 'Let's go to San Francisco for the weekend,' and I would invent some reason that I couldn't go," she says. "I'm sure they thought it was the money."

To Dianne, being thought of as broke was preferable to the stomach-churning, heart-pounding experience of flying. Human beings weren't intended to travel high above the earth, she believed. "And every plane crash [I heard about] just reinforced the way I felt," she adds.

The turning point came when Dianne had to go on a business trip to New York City. Ducking out of the assignment wasn't an option, so she decided to tackle her aviophobia once and for all.

A friend suggested she talk to Stephen Kahn, a psychologist and assistant professor at the University of Chicago who has been practicing hypnosis for more than two decades. After talking to Kahn on the phone and checking out his credentials, she scheduled a consultation.

Despite its New Age image, hypnosis has been around almost as long as mankind itself. References to deep sleep have been found in ancient Greek and Egyptian documents, as well as in the Old Testament.

Hypnosis is best described as an altered state of consciousness in which the individual is open to suggestion. It is a tool for controlling pain (such as in childbirth or during dentistry), changing behaviors *(continued*

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(continued) (smoking, eating disorders) and for allaying anxiety. "A lot of people think it's something magical—that I'll levitate them and have them barking like dogs," Kahn says. "But it's really about relaxing on a certain issue, so you're more open to making a change."

At the initial appointment, Kahn had Dianne do some relaxation exercises, starting with her toes and working up to her head. When she had finished, she was surprised that forty-five minutes had elapsed. Says Dianne, "One of the hallmarks of hypnosis is the suspension of time, and that's what convinced me to proceed, because it was something tangible."

When Kahn directed Dianne to think of a peaceful place, she described the woods on a warm summer day. This image would become her refuge whenever she boarded a plane, strapped herself into the seat, taxied down the runway—even in turbulence. After about ten sessions, Dianne was ready for a dry run at the airport, replicating a real flight as closely as possible, right down to boarding a plane and talking to the crew (with the airline's permission).

Finally, D-Day arrived. Whenever she felt the familiar queasiness and sweaty palms, Dianne used her visualization techniques to return to a relaxed state. When the plane touched down at LaGuardia Airport, she realized she had made it through with, well, flying colors.

Since that groundbreaking trip, Dianne has traveled to San Francisco and London. She says, "I'm not thinking of becoming a flight attendant, but the fear is so much more manageable than it was before."

THE PEOPLE-PHOBIC



Kristi Ward wasn't just shy. She was so afraid of being stared at that, while driving, she would shield her profile from passengers in other cars. "I can't remember a time when I wasn't terrified of making a fool of myself," she says.

Back in the sixth grade, Kristi was cast in a class play. It was then she knew something peculiar was happening to her. "When it was time for the show to go on, other kids were excited, but I was having a panic attack backstage," says Kristi, now thirty, who lives in Atlanta. "The teacher had to recruit another girl for the part, because there was no way I was going in front of all those people."

The intense physical reaction she suffered that evening—trembling hands, shortness of breath, knot in the stomach—didn't subside after the play was over. In fact, it became Kristi's constant companion. "Whenever I found myself in an unfamiliar situation, I'd feel awful, like I had to get out of there," she says. "It got to the point where I'd do just about anything to avoid it."

It would be years before Kristi discovered that her problem had a name: social anxiety disorder (also known as social phobia). Affecting more than ten million Americans, it ranks as the third most common psychiatric malady, after depression and alcoholism, according to the American Psychiatric Association.

Social anxiety is a real, treatable disease

Unlike run-of-the-mill shyness, social anxiety is far more pervasive and disabling. For instance, it's normal to feel nervous during a job interview, but a social phobic won't even keep the appointment. "Just talking or looking at another person can be intensely painful," says Michael Banov, M.D., the psychiatrist who treated Kristi.

Growing up, Kristi had suffered profoundly. Navigating the social terrain of high school was so terrifying that she quit in the ninth grade. She eventually got a job in a gourmet candy store. "The boss told me I was a really great worker, but I needed to speak up more," she says. "People make it sound so easy. They have no idea how paralyzing it can be."

At eighteen, Kristi met her future husband, Sam, and mustered up the courage to go on a date with him. Seven months later, they were married. But not even that could alleviate her fear of social situations. "At family gatherings, I'd get overwhelmed and want to leave," she says. "My in-laws thought I was crazy."

Kristi and Sam decided to adopt two daughters. One-on-one interviews with caseworkers didn't faze Kristi, but attending mandatory group classes did—especially when she had to get up and speak to the other couples. Still, she was so eager to be a mother that she forced herself to get through it.

Living in fear made Kristi depressed, and when one of her daughters began misbehaving, it became too much for her to handle. Finally, in 1995, she *(continued)*

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continued made an appointment with Banov. But since she didn't know her shyness was a treatable disorder, she never mentioned it.

Banov prescribed Paxil, an antidepressant, and a month after taking the drug, Kristi noticed that it also helped relieve her fear of being around others. It was then that the doctor recognized her underlying problem. (Though psychiatrists have been prescribing the drug to social anxiety sufferers for years, the FDA only just approved it for that use in May 1999.)

Kristi also underwent cognitive behavioral therapy, learning how to replace her distorted, overly negative thoughts with more positive ones. Explains Banov: "If a person with social anxiety waves at someone and they don't respond, the patient thinks, Nobody likes me, instead of, Maybe that person didn't see me."

When Kristi was able to go to the mall without panicking, she knew she had turned a corner. She still sees the psychiatrist regularly and takes Paxil. But it's a small price to pay for being part of the rhythm of everyday life at last. Kristi reports that her husband is thrilled with the results: "He works for a large company with lots of social opportunities," she says. She's also delighted to be active in local children's charities. Recently she was invited to a benefit at which Jane Fonda was the guest of honor. Rather than feeling intimidated, Kristi says, "While everyone was hanging back, I walked right up to her and introduced myself!"

Bonnie Miller Rubin is a reporter for the Chicago Tribune.



Virtual-reality therapy helped Joanne learn to tolerate spiders

ARACHNOPHOBIA!

By Tom D'Antoni

For thirty years, Joanne Cartwright was prisoner to her irrational fear of spiders. "I would be reduced to a lump on the floor, crying my eyes out for hours," she says. At night, she sealed her bedroom door frame with duct tape. When Joanne left for her job in a medical facility near Seattle, she would run to her car.

At work, Joanne managed to keep her terror at bay by focusing on the job, but when quitting time approached, her anxiety would rocket at the thought of having to go home and hide in her bedroom again.

Ironically, Joanne, now forty-two, says she actually liked spiders as a child, and she can't remember how her fascination turned to loathing. As Joanne's anxiety grew, she began trying to avoid spiders by any means possible, and it wasn't long before her little habits became big ones. Socializing and making friends was impossible—Joanne rarely went outside—and she despaired of ever leading a normal life.

Desperate to solve her problem, Joanne saw a therapist, Albert Carlin, Ph.D. He tried desensitization therapy, in which the phobic is gradually exposed to the thing she fears. But looking at pictures of spiders didn't stop Joanne's anti-arachnid rituals.

Then about three years ago, Joanne saw a TV news story on treating phobias through virtual-reality therapy. This method, which is still in the experimental stages, uses special helmets that project computer-generated images, giving the patient the sensation of being in a particular environment. This way, the patient can interact with the feared object until it no longer feels threatening.

Joanne suggested the treatment to Carlin, who contacted Hunter Hoffman, Ph.D., a cognitive psychologist at the University of Washington's Human Interface Technology Laboratory, in Seattle. Together, they devised a cartoon-like virtual kitchen in which Joanne would be exposed to spiders.

Still, it took every ounce of courage for Joanne just to look at a computerized spider. "You go through all the anxiety symptoms. I was paralyzed with fear, and I swore a lot," she explains. But she saw results quickly, and after several sessions, Joanne even had the nerve to "pick up" a spider and rinse it down the virtual kitchen sink. After ten one-hour sessions—the $100-per-session cost was paid for by her insurance—Joanne was cured.

Today, Joanne still isn't crazy about spiders, but she doesn't freak out when she sees one at home, and she no longer duct-tapes her bedroom. Recently, she was even able to watch a live tarantula and touch its terrarium. Best of all, Joanne is now married and has a one-year-old daughter.

"I am so happy," she says. "I get giddy at the act of getting the mail. Walking around the house is exhilarating. I'm proud of myself." ■

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It's 8:55 on a holiday morning, and even though I said I'd like to leave no later than nine for my parents' house, no one is remotely ready. The kids are sitting in front of cartoons, still in their jammies. My husband is in the shower. I'm ransacking the dryer for clothes to pack for five people for two days.

Yet by 9:30 we are on the road, thanks to my having set a new land-speed record for pulling everything together. I fed the kids, the cat, the plants and the guinea pigs. I unloaded and reloaded the dishwasher, undressed and dressed the children, and packed the car, remembering the toys and the humidifier I was asked not to forget. At 9:29, with everybody under ten buckled in, my dear husband emerged from the bathroom, clean-shaven and refreshed. Off we drove.

"Relax," my beloved said as we pulled onto the highway, patting my visibly shaking hand. And then, just as I started to take in oxygen: "Did you pack me some breakfast?"

My husband is not a self-absorbed chauvinist pig. In fact, on a thoughtfulness scale of 1 to 10, he consistently scores a 9.8. But just because this story about him isn't exactly representative of his usual behavior doesn't mean I'm not going to share it with my girlfriends just as soon as we get together. I know it'll prompt each of them to contribute one like it, or one even more outrageous. Their husbands are of course also wonderful, loving, thoughtful guys, most of the time, but we don't let tru encumber our exchange. E the time we're done, an ou sider would conclude w had married the world most insufferable cads.

Yet we will come awa feeling so, so much bette About ourselves, yes. An amazingly enough, abou our spouses, too.

On the most fundament level, these grievance ses sions are hugely therapeuti because they're a forum fo outbursts we can't—o won't—have with our hus bands. My friend Nell, fo instance, is married to a gu whose ideal lifestyle most closely re sembles the fraternity in *Anima House*. He'd be perfectly content wit a package of hot dogs and a quart o sour milk in the fridge, with a nest o dirty clothes to sleep under. Whe Nell gets home from work, it's fre quently to find his muddy size-1 boots on the dining-room table. Bu she does not confront him; there's n point. "It's beyond his consciousness," she sighs. "Confronting him isn't go ing to make him change and I don' want a house full of tension." Nell let it go, that is, until we get on the phone and I mention how my hus band just purchased forty more feet o extension cord because he couldn't be troubled to untangle the two hundred feet lying on the driveway. And then she unloads both barrels *(continued,*

Husbands are imperfect creatures, with idiosyncrasies and habits guaranteed to drive their wives mad. And so God gave women girlfriends, to help us keep men's flaws in perspective

By Melinda Marshall

WHERE DO YOU KEEP YOUR *favorite* THINGS ?





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[continued] of unspent neuroses.

Both of us feel so, so much better.

Sometimes our venting is just a thinly disguised bid for admiration we don't get from spouse and kids, who fail to appreciate the superhuman feats we perform every day in running their lives. Take making childcare arrangements, a task that inexplicably falls to us even though it's got to be one of the details we dread attending to more than picking ticks off the cat. My friend Karen was driven to share with our book club how, at three forty-five on a Friday afternoon, her husband called her to say they had to make a stand-in appearance for his boss at an award ceremony because his boss, who was out of town, wasn't going to make it back in time.

"The baby's spit up on me, the kids have to be picked up from pottery at four-thirty, my only decent dress is at the dry cleaner's, and we have no sitter," Karen told him, "but not to worry—I *will* meet you at six." Then she proceeded to call every camp counselor, nursery-school teacher, neighbor and teenager who'd ever smiled at her kids. Finally, by promising $10 an hour, she got one of the kids' swim coaches to commit. So she called her husband with the news.

"He said, 'Gosh, honey, that's great, but the boss just walked in, and we're off the hook. It's a good thing you called!'" Karen related. "So I said, 'Gosh, honey, it's a good thing you're still at work. Because if you were here, I would strangle you.'"

We may have applauded at this point, I'm not sure. Sometimes these sessions get to be like AA meetings.

Before you feel too sorry for the men who are at the mercy of our group sessions, consider three points.

One: They know we do this. We make no attempt to shield them from the truth. My book club, fueled by two bottles of chardonnay, has been known to devote whole evenings not to literature but to the domestic tales—tales that depict our husbands in a less than heroic light. I know our husbands have overheard us; even the stone deaf have. So that makes me believe either 1) they're not offended, 2) they'd be offended except that they're in denial, or 3) they hear, but, as usual, they tune us out.

No, our spouses aren't perfect. But from what we hear at these griping sessions, we know it could be so much worse



Two: They get back at us. They talk about us to their friends, you can be sure. Of course, you would never overhear one guy on the train telling another how he came home to find his wife propped up in the La-Z-Boy watching ESPN with an empty six-pack by her side, while the kids disassembled furniture in the basement. But they will bewail how henpecked they are, as in, "Yeah, I would like to have seen the game, but my wife made me take the kids to soccer practice. Then I had to clean out the garage, because she couldn't find the cooler. And after that I mulched her azaleas, which she's been after me to do since March." In short, by reciting a long list of chores we nags inflict upon them, and by sighing frequently and shrugging in resignation, they achieve the sort of solidarity we do.

And finally: Just consider how it might backfire on men if we wives were to sit around sharing our mate's *best* behavior, rather than his worst. The effect would be disastrous.

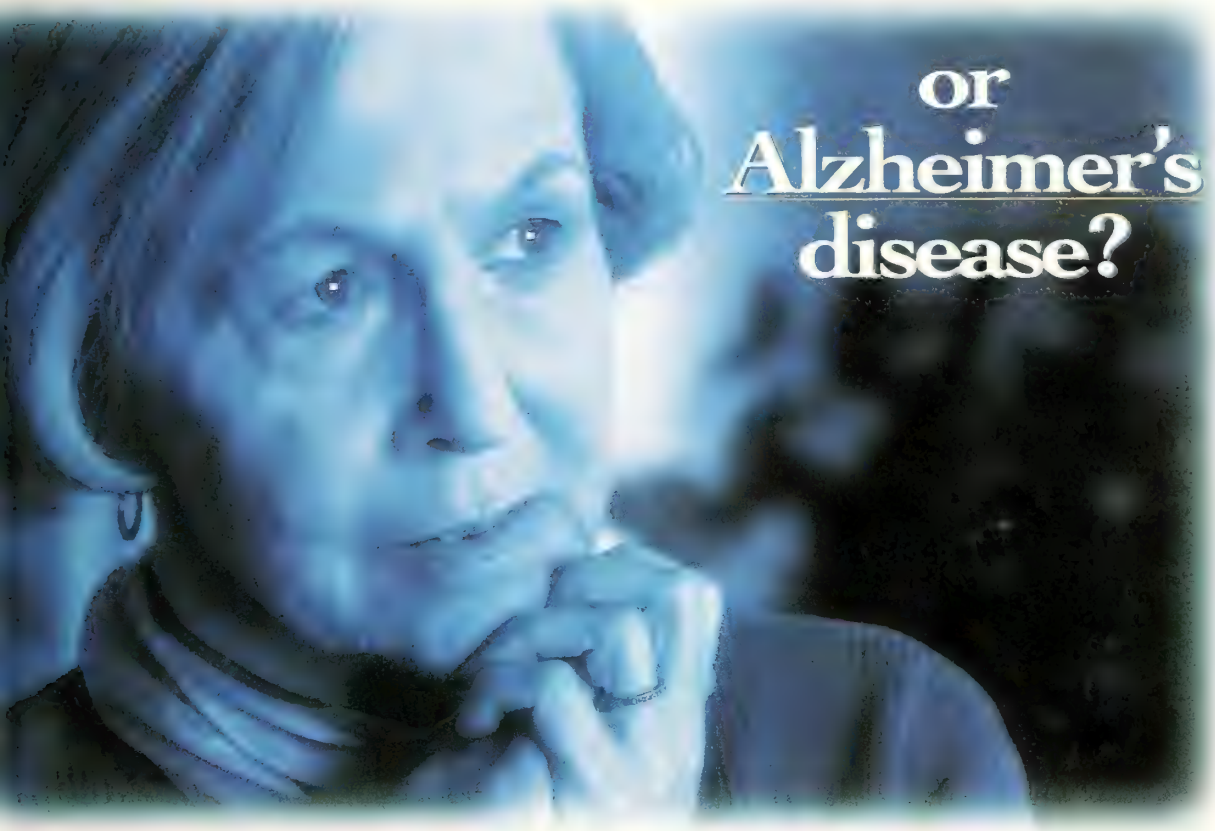
I'll give you a perfect example. After two weeks of probably nonstop lounging and lovemaking in Hawaii, my buddy Susan returned to our fold positively gushing about her husband, the Perfect Millennium Man, because—can you take this?—the whole trip was a surprise anniversary gift. He cleared it with her boss before booking it. He whisked her away from her desk midday, midweek, in a limo to the airport. He even packed her bags. And when she got to the hotel, there was champagne, a dozen roses and a new nightie waiting for her.

Can you imagine how the rest of us felt when we got home to our poor excuse for a husband?

See, when we dish on our spouses we're not just strengthening our bond with the girls. We're actually engaging in a very sophisticated form of relationship therapy, one that keeps us satisfied and content with the well-meaning but hopelessly flawed individual we chose to accompany us through life. He isn't perfect, but from what we hear at these griping sessions, we know he could be so much worse. We actually come away feeling lucky to have landed a mate whose imperfections are so minor, even endearingly trivial. Our girlfriends give us invaluable perspective. The grievances they air throw into relief our husband's finer points.

Now, aren't *you* glad we had this little chat? Don't you feel so, so much better? ■

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hen signs like these begin to affect everyday , they may not be a part of normal aging. ey may be signs of Alzheimer's disease, an urable, progressive illness that robs patients d their families of a lifetime of memories.

day, however, the outlook for many is coming more hopeful. ARICEPT® is a nically proven, once-a-day prescription dicine available to treat symptoms in ients with mild to moderate Alzheimer's ease. Already, over 1 million patients in United States have begun ARICEPT® rapy.

RICEPT® is well tolerated, but some ople do experience side effects like nausea, rrhea, insomnia, vomiting, muscle cramps, gue, and loss of appetite. In clinical dies, these effects were generally mild, temporary, and went away with continued ARICEPT® use; 2% of people taking ARICEPT® experienced fainting.

Only a doctor can evaluate symptoms such as forgetfulness and diagnose Alzheimer's disease. Speak to a doctor ***today*** about the benefits of ARICEPT® in treating Alzheimer's disease.

ONCE-A-DAY
ARICEPT®
(donepezil HCl)
5-MG AND 10-MG TABLETS

TODAY'S TREATMENT FOR ALZHEIMER'S DISEASE

To learn more, call toll-free today.
1-888-999-9616 ext. 71

Please see additional important product information on accompanying page.

People at risk for ulcers should inform their doctor.

ONCE A DAY
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TODAY'S TREATMENT FOR ALZHEIMER'S DISEASE

ARICEPT® (Donepezil Hydrochloride Tablets)

INDICATIONS AND USAGE
CONTRAINDICATIONS

WARNINGS ***Anesthesia:*** ARICEPT®, as a cholinesterase inhibitor, is likely to exaggerate succinylcholine-type muscle relaxation during anesthesia. ***Cardiovascular Conditions:*** Because of their pharmacological action, cholinesterase inhibitors may have vagotonic effects on heart rate (eg, bradycardia). The potential for this action may be particularly important for patients with "sick sinus syndrome" or other supraventricular cardiac conduction conditions. Syncopal episodes have been reported in association with the use of ARICEPT®. ***Gastrointestinal Conditions:*** Through their primary action, cholinesterase inhibitors may be expected to increase gastric acid secretion due to increased cholinergic activity. Therefore, patients should be monitored closely for symptoms of active or occult gastrointestinal bleeding, especially those at increased risk for developing ulcers, eg, those with a history of ulcer disease or those receiving concurrent nonsteroidal anti-inflammatory drugs (NSAIDs). Clinical studies of ARICEPT® have shown no increase, relative to placebo, in the incidence of either peptic ulcer disease or gastrointestinal bleeding. ARICEPT®, as a predictable consequence of its pharmacological properties, has been shown to produce diarrhea, nausea, and vomiting. These effects, when they occur, appear more frequently with the 10 mg/day dose than with the 5 mg/day dose. In most cases, these effects have been mild and transient, sometimes lasting one to three weeks, and have resolved during continued use of ARICEPT®. ***Genitourinary:*** Although not observed in clinical trials of ARICEPT®, cholinomimetics may cause bladder outflow obstruction. ***Neurological Conditions:*** Seizures: Cholinomimetics are believed to have some potential to cause generalized convulsions. However, seizure activity also may be a manifestation of Alzheimer's Disease. ***Pulmonary Conditions:*** Because of their cholinomimetic actions, cholinesterase inhibitors should be prescribed with care to patients with a history of asthma or obstructive pulmonary disease. **PRECAUTIONS Drug-Drug Interactions** ***Drugs Highly Bound to Plasma Proteins:*** Drug displacement studies have been performed *in vitro* between this highly bound drug (96%) and other drugs such as furosemide, digoxin, and warfarin. ARICEPT®, at concentrations of 0.3-10 µg/mL, did not affect the binding of furosemide (5 µg/mL), digoxin (2 ng/mL), and warfarin (3 µg/mL) to human albumin. Similarly, the binding of ARICEPT® to human albumin was not affected by furosemide, digoxin, and warfarin. ***Effect of ARICEPT® on the Metabolism of Other Drugs:*** No *in vivo* clinical trials have investigated the effect of ARICEPT® on the clearance of drugs metabolized by CYP 3A4 (eg, cisapride, terfenadine) or by CYP 2D6 (eg, imipramine). However, *in vitro* studies show a low rate of binding to these enzymes (mean K_i about 50 -130 µM), that, given the therapeutic plasma concentrations of donepezil (164 nM), indicates little likelihood of interference. Whether ARICEPT® has any potential for enzyme induction is not known. Formal pharmacokinetic studies evaluated the potential of ARICEPT® for interaction with theophylline, cimetidine, warfarin, and digoxin. No significant effects on the pharmacokinetics of these drugs were observed. ***Effect of Other Drugs on the Metabolism of ARICEPT®:*** Ketoconazole and quinidine, inhibitors of CYP450 3A4 and 2D6, respectively, inhibit donepezil metabolism *in vitro*. Whether there is a clinical effect of these inhibitors is not known. Inducers of CYP 2D6 and CYP 3A4 (eg, phenytoin, carbamazepine, dexamethasone, rifampin, and phenobarbital) could increase the rate of elimination of ARICEPT®. Formal pharmacokinetic studies demonstrated that the metabolism of ARICEPT® is not significantly affected by concurrent administration of digoxin or cimetidine. ***Use with Anticholinergics:*** Because of their mechanism of action, cholinesterase inhibitors have the potential to interfere with the activity of anticholinergic medications. ***Use with Cholinomimetics and Other Cholinesterase Inhibitors:*** A synergistic effect may be expected when cholinesterase inhibitors are given concurrently with succinylcholine, similar neuromuscular blocking agents or cholinergic agonists such as bethanechol. **Carcinogenesis, Mutagenesis, Impairment of Fertility** Carcinogenicity studies of donepezil have not been completed. Donepezil was not mutagenic in the Ames reverse mutation assay in bacteria. In the chromosome aberration test in cultures of Chinese hamster lung (CHL) cells, some clastogenic effects were observed. Donepezil was not clastogenic in the *in vivo* mouse micronucleus test. Donepezil had no effect on fertility in rats at doses up to 10 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis). **Pregnancy** *Pregnancy Category C* Teratology studies conducted in pregnant rats at doses up to 16 mg/kg/day (approximately 13 times the maximum recommended human dose on a mg/m² basis) and in pregnant rabbits at doses up to 10 mg/kg/day (approximately 16 times the maximum recommended human dose on a mg/m² basis) did not disclose any evidence for a teratogenic potential of donepezil. However, in a study in which pregnant rats were given up to 10 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis) from day 17 of gestation through day 20 postpartum, there was a slight increase in still births and a slight decrease in pup survival through day 4 postpartum at this dose, the next lower dose tested was 3 mg/kg/day. There are no adequate or well-controlled studies in pregnant women. ARICEPT® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers** It is not known whether donepezil is excreted in human breast milk. ARICEPT® has no indication for use in nursing mothers. **Pediatric Use** There are no adequate and well-controlled trials to document the safety and efficacy of ARICEPT® in any illness occurring in children. **ADVERSE REACTIONS Adverse Events Leading to Discontinuation** The rates of discontinuation from controlled clinical trials of ARICEPT® due to adverse events for the ARICEPT® 5 mg/day treatment groups were comparable to those of placebo-treatment groups at approximately 5%. The rate of discontinuation of patients who received 7-day escalations from 5 mg/day to 10 mg/day, was higher at 13%. The most common adverse events leading to discontinuation, defined as those occurring in at least 2% of patients and at twice the incidence seen in placebo patients, were nausea (1% [5 mg] and 3% [10 mg] vs 1% [placebo]), diarrhea (<1% [5 mg] and 3% [10 mg] vs 0% [placebo]), and vomiting (<1% [5 mg] and 2% [10 mg] vs <1% [placebo]). **Most Frequent Adverse Clinical Events Seen in Association with the Use of ARICEPT®** The most common adverse events, defined as those occurring at a frequency of at least 5% in patients receiving 10 mg/day and twice the placebo rate, are largely predicted by ARICEPT®'s cholinomimetic effects. These include nausea, diarrhea, insomnia, vomiting, muscle cramp, fatigue, and anorexia. These adverse events were often of mild intensity and transient, resolving during continued ARICEPT® treatment without the need for dose modification. There is evidence to suggest that the frequency of these common adverse events may be affected by the rate of titration. An open-label study was conducted with 269 patients who received placebo in the 15- and 30-week studies. These patients were titrated to a dose of 10 mg/day over a 6-week period. The rates of common adverse events were lower than those seen in patients titrated to 10 mg/day over one week in the controlled clinical trials and were comparable to those seen in patients on 5 mg/day. See Table 1 for a comparison of the most common adverse events following one week and six week titration regimens. **Adverse Events Reported in Controlled Trials** The events cited reflect experience gained under closely monitored conditions of clinical trials in a highly selected patient population. In actual clinical practice or in other clinical trials, these frequency estimates may not apply, as the conditions of use, reporting behavior, and the kinds of patients treated may differ. Table 2 lists treatment emergent signs and symptoms that were reported in at least 2% of patients in placebo-controlled trials who received ARICEPT® and for which the rate of occurrence was greater for ARICEPT® assigned than placebo assigned patients. In general, adverse events occurred more frequently in female patients and with advancing age. **Other Adverse Events Observed During Clinical Trials** ARICEPT® has been administered to individuals during clinical trials worldwide. Approximately 1200 of these patients have been treated for at least and more than 1000 patients have been treated for at least 6 months. Controlled and uncontrolled trials in the included approximately 900 patients. In regards to the highest dose of 10 mg/day, this population includes treated for 3 months, 475 patients treated for 6 months and 116 patients treated for over 1 year. The exposure is from 1 to 1214 days. Treatment emergent signs and symptoms that occurred during 3 controlled and two open-label trials in the United States were recorded as adverse events by the clinical investigator terminology of their own choosing. To provide an overall estimate of the proportion of individuals having events, the events were grouped into a smaller number of standardized categories using a modified COSTART and event frequencies were calculated across all studies. These categories are used in the listing below. represent the proportion of 900 patients from these trials who experienced that event while receiving adverse events occurring at least twice are included, except for those already listed in Tables 1 or 2, COSTART general to be informative, or events less likely to be drug caused. Events are classified by body system and the following definitions: *frequent adverse events*—those occurring in at least 1/100 patients, *infrequent a* those occurring in 1/100 to 1/1000 patients. These adverse events are not necessarily related to ARICEPT® in most cases were observed at a similar frequency in placebo-treated patients in the controlled studies additional adverse events were seen in studies conducted outside the United States. **Body as a Whole:** *Fr* chest pain, toothache, *Infrequent* fever, edema face, periorbital edema, hernia hiatal, abscess, cellulitis, co coldness, head fullness, listlessness. **Cardiovascular System:** *Frequent* hypertension, vasodilation, hot flashes, hypotension. *Infrequent* angina pectoris, postural hypotension, myocardial infarction, AV bloc congestive heart failure, arteritis, bradycardia, peripheral vascular disease, supraventricular tachyc thrombosis. **Digestive System:** *Frequent* fecal incontinence, gastrointestinal bleeding, bloating *Infrequent* eructation, gingivitis, increased appetite, flatulence, periodontal abscess, cholelithiasi drooling, dry mouth, fever sore, gastritis, irritable colon, tongue edema, epigastric distress, gastroent transaminases, hemorrhoids, ileus, increased thirst, jaundice, melena, polydypsia, duodenal ulcer. **Endocrine System:** *Infrequent* diabetes mellitus, goiter. **Hemic and Lymphatic System:** *Infr* thrombocythemia, thrombocytopenia, eosinophilia, erythrocytopenia. **Metabolic and Nutrition** *Frequent* dehydration, *Infrequent* gout, hypokalemia, increased creatine kinase, hyperglycemia, v increased lactate dehydrogenase. **Musculoskeletal System:** *Frequent* bone fracture, *Infrequent* m muscle fasciculation. **Nervous System:** *Frequent* delusions, tremor, irritability, paresthesia, aggressio increased libido, restlessness, abnormal crying, nervousness, aphasia, *Infrequent* cerebrovascular acci hemorrhage, transient ischemic attack, emotional lability, neuralgia, coldness (localized), muscle spasm abnormality, hypertonia, hypokinesia, neurodermatitis, numbness (localized), paranoia, dysarthria, dysk decreased libido, melancholia, emotional withdrawal, nystagmus, pacing. **Respiratory System:** *Fr* sore throat, bronchitis, *Infrequent* epistaxis, postnasal drip, pneumonia, hyperventilation, p wheezing, hypoxia, pharyngitis, pleurisy, pulmonary collapse, sleep apnea, snoring. **Skin and Append** pruritus, diaphoresis, urticaria, *Infrequent* dermatitis, erythema, skin discoloration, hyperkeratosis dermatitis, herpes zoster, hirsutism, skin striae, night sweats, skin ulcer. **Special Senses:** *Frequen* irritation, vision blurred, *Infrequent* dry eyes, glaucoma, earache, tinnitus, blepharitis, decreased hemorrhage, otitis externa, otitis media, bad taste, conjunctival hemorrhage, ear buzzing, motion sickness eyes. **Urogenital System:** *Frequent* urinary incontinence, nocturia, *Infrequent* dysuria, hematuria, metrorrhagia, cystitis, enuresis, prostate hypertrophy, pyelonephritis, inability to empty bladder, breast fibrocystic breast, mastitis, pyuria, renal failure, vaginitis. **Postintroduction Reports** Voluntary re events temporally associated with ARICEPT® that have been received since market introduction. Because and that there is inadequate data to determine the causal relationship with the drug include the following: agitation, cholecystitis, confusion, convulsions, hallucinations, heart block, hemolytic anemia, pancreatitis, and rash. **OVERDOSAGE Because strategies for the management of overdose a evolving, it is advisable to contact a Poison Control Center to determine the latest recomm the management of an overdose of any drug.** As in any case of overdose, general supportive mea utilized. Overdosage with cholinesterase inhibitors can result in cholinergic crisis characterized by vomiting, salivation, sweating, bradycardia, hypotension, respiratory depression, collapse and convulsi muscle weakness is a possibility and may result in death if respiratory muscles are involved. Tertiary anticho as atropine may be used as an antidote for ARICEPT® overdosage. Intravenous atropine sulfate titr recommended: an initial dose of 1.0 to 2.0 mg IV with subsequent doses based upon clinical response. Alt in blood pressure and heart rate have been reported with other cholinomimetics when co-administered anticholinergics such as glycopyrrolate. It is not known whether ARICEPT® and/or its metabolites can dialysis (hemodialysis, peritoneal dialysis, or hemofiltration). Dose-related signs of toxicity in animals spontaneous movement, prone position, staggering gait, lacrimation, clonic convulsions, depress salivation, miosis, tremors, fasciculation and lower body surface temperature. **DOSAGE AND ADMINI** dosages of ARICEPT® shown to be effective in controlled clinical trials are 5 mg and 10 mg administe Controlled clinical trials indicate that the 10 mg dose, with a one week titration, is likely to be associat incidence of cholinergic adverse events than the 5 mg dose. Because steady state is not achieved for 15 days incidence of such effects may be influenced by the rate of dose escalation; treatment with a dose of 10 m contemplated until patients have been on a daily dose of 5 mg for 4 to 6 weeks. Whether or not to employ a a matter of prescriber and patient preference. ARICEPT® should be taken in the evening, just prior to retir taken with or without food.

Table 1. Comparison of Rates of Adverse Events in Patients Titrated to 10 mg/day Over 1 and 6 Weeks

	No titration		One-week titration	Six-week titration
Adverse Event	Placebo (n=315)	5 mg/day (n=311)	10 mg/day (n=315)	10 mg/day (n=269)
Nausea	6%	5%	19%	6%
Diarrhea	5%	8%	15%	9%
Insomnia	6%	6%	14%	6%
Fatigue	3%	4%	8%	3%
Vomiting	2%	3%	8%	5%
Muscle Cramps	2%	6%	8%	3%
Anorexia	2%	3%	7%	3%

Table 2. Adverse Events Reported in Controlled Clinical Trials in at Least 2% of Patients Receiving ARICEPT® and at a Higher Frequency Than Placebo-treated Patients

Body System/Adverse Event	Placebo (n=355)	ARICE (n=7
Percent of Patients With Any Adverse Event	72	74
Body as a Whole		
Headache	9	1
Pain, Various Locations	8	9
Accident	6	1
Fatigue	3	5
Cardiovascular System		
Syncope	1	2
Digestive System		
Nausea	6	1
Diarrhea	5	1
Vomiting	3	5
Anorexia	2	4
Hemic and Lymphatic System		
Ecchymosis	3	4
Metabolic and Nutritional Systems		
Weight Decrease	1	3
Musculoskeletal System		
Muscle Cramps	2	6
Arthritis	1	2
Nervous System		
Insomnia	6	9
Dizziness	6	8
Depression	<1	3
Abnormal Dreams	0	3
Somnolence	<1	2
Urogenital System		
Frequent Urination	1	2

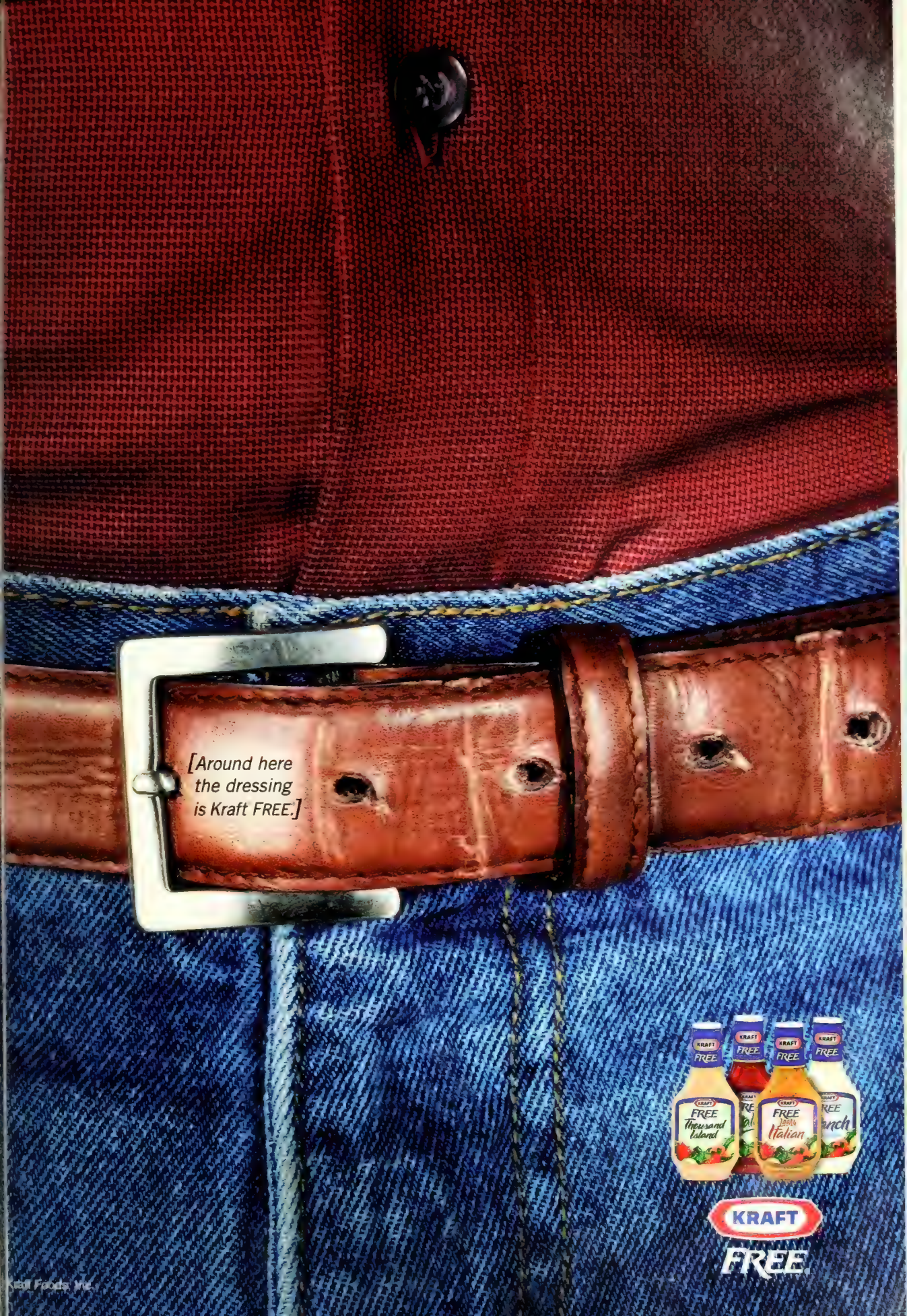
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SETTLE INTO THE CAREFREE, LAID-BACK SPIRIT OF SUMMER 2000 WITH THESE FOOLPROOF TIPS FOR LOOKING GREAT ALL SEASON LONG. BY GWEN FLAMBERG

oops! So you forgot to reapply sunscreen to your face, and lobster-red is the phrase to best describe the shade you're turning? Treat your skin to a soothing mask made from cucumber, one of nature's great healers, which contains anti-inflammatory properties to reduce redness and puffiness. Try this recipe for the ultra-hydrating cucumber facial that's done at the Origins Feel Good Spa, in Dallas: Slice a large cucumber, reserving two slices to place over eyes during the treatment. Peel and puree the remaining cucumber, and pack onto your face. Remove after fifteen minutes. Apply a heavy-duty moisturizer such as Estée Lauder So Moist Hydrating Facial to seal in water.

SMART **SKIN** SAVERS

The experts' answers to common misconceptions:

Q *Is SPF 15 high enough to prevent future damage?*

A "While there are sunblocks with SPFs that go as high as 50, it's not the number that will ultimately protect you, but rather the efficacy of the product. For full protection, a sunscreen must contain a UVA/UVB block such as micro-zinc oxide, Parsol 1789 or titanium dioxide," says Seth Matarasso, M.D., a San Francisco dermatologist. Check the ingredients—if the SPF 15 formula contains one of the blocks listed above, it will help protect you from future damage. Try Clinique Total Cover Sunblock SPF 30 or Ombrelle Sunscreen Spray SPF 15.

Q *Will a self-tanner with SPF 15 protect me as effectively as a sunscreen?*

A "Self-tanners with SPFs can be deceiving," says Los Angeles dermatologist Howard Murad. "If the product contains full-scale UVA and UVB protection, and it is applied as liberally as you'd apply a sunscreen, it will protect you. But don't think that once the color develops you've got a base tan and need less protection; reapply or follow with a sunscreen after a few hours in the sun."



SHIELD THE ULTRA-THIN SKIN ARO
DAMAGING RAYS WITH UVA/UVB F
SUMMER'S HIP AVIATOR SHADES P
WITHOUT THE IRRITATION THAT SPF

BODY BEAUTY

Ready to show some skin in a sexy tank but you're prone to chest and back breakouts? Prevent them by showering with an antibacterial cleanser immediately after perspiring in high humidity. Too late for prevention? L.A. dermatologist Howard Murad recommends a topical treatment with ingredients such as salicylic acid, sulphur and zinc. Or, conce with waterproof body makeup, and dust with shimmery powder to get glowing.

If excess hair keeps your arms in hiding, relax, and get a wax. It's a better choic than bleaching, which turns hair blond and makes it more noticeable should yo skin tan. But waxing is foolproof, creating supersmooth results that last for abo month. And don't be afraid of the pain—the skin on your arms is thicker than y think, and not nearly as sensitive as other areas of the body.

So you got a tiny tattoo when it was all the rage a few years ago, but now you don't want it in full view all the time. Tamara Friedman, of the Tamara Institut de Beauté, in Detroit, helps you say so long painlessly: Cover a blue or black tattoo with a yellow primer, such as Physicians Formula Yellow Neutralizer. Then apply waterproof body makeup, setting with powder. Brush body powder over the area with a big, fluffy blush brush, blending well.



color control

EXERCISE A BIT OF DAMAGE CONTROL TO KEEP YOUR HAIRCOLOR TRUE:

• IF YOU'RE A NATURAL BLOND, YOU KNOW ALL TOO WELL THAT A DIP IN THE POOL CAN TURN LOCKS A STRANGE GREEN HUE CAUSED WHEN CHLORINE ENTERS THE HAIR SHAFT. COMBAT IT BY USING A CLARIFYING FORMULA SUCH AS PERT CLARIFYING SHAMPOO EVERY DAY FOR ONE WEEK. CLARIFIERS SUPER-CLEAN WITH A COMBINATION OF GENTLE SURFACTANTS WITH NO CONDITIONING ADDITIVES. PREVENT THE GREEN SCENE IN THE FUTURE BY COATING HAIR WITH CONDITIONER AND SILICONE-BASED GEL SUCH AS L'ORÉAL STUDIO FX LIQUID GEL BEFORE SWIMMING.

• PROCESSED HAIRCOLOR FACES A DIFFERENT SET OF CHALLENGES THIS TIME OF YEAR. WHEN HEAT OPENS THE CUTICLE (THE PROTECTIVE OUTER LAYER OF EACH HAIR STRAND), THE SUN'S RAYS CAN ENTER, DAMAGING HAIR AND ALTERING COLOR. PROTECT YOUR SHADE WITH ONE OF THE NEWEST SUN-PROTECTIVE HAIRSPRAYS THAT ABSORB DAMAGING UVA/UVB RAYS. TRY BANANA BOAT HAIR & SCALP PROTECTOR, OR PHYSIQUE COLOR BRIGHT VIBRANT PROTECTANT

R EYES FROM THE SUN'S
VE SUNGLASSES. THIS
FULL-SCALE PROTECTION
AMS CAN CAUSE



hot-weather hair

Make the most of your mane even when the mercury rises with these pro tips:
"Don't rub **fine hair** dry with a towel, or bru it vigorously," says Eric Fisher, of the eponymo salon, in Wichita, Kansas. Both stimulate the sc and will increase oil production, leading to limp locks. Balance an **oily scalp** and **dry ends** with a customized regimen: Giovanni Mele, art director at the Pileggi On The Square salon, in Philadelphia, recommends hydrating ends with rich conditioner, while shampooing the roots w an oil-control formula. "Keep unruly **bangs** i line with a quick set," says Joanna Stella of Mia Stella Salon. "Spritz with hairspray, then roll ba onto a huge Velcro roller. Blast with heat, and remove once hair is cool to the touch."

A tight-fitting cap traps heat and coo hair. Try a roomy cowboy hat instead high-style face, eye and tress protect



you're **breaking out along your hairline** from
posure to heat and sweat, it's time to reevaluate
ur skin- and hair-care routines. Switch to a foaming
ial-cleansing gel such as Clairol Herbal Essences
sh Foam Mild Facial Cleanser to eliminate excess
oum. Exfoliate hairline area with a grainy scrub such
Jane Good Skin Seeds & Weeds Facial Scrub every
w days to guard against clogged pores. Choose light
ir products, such as SD alcohol–based hairsprays,
y Aussie Air Do Styling Mist) and use blotting papers
absorb oil on your forehead.

LIGHTEN UP Be your own colorist by spritzing hair with lemon juice, or a spray bottle filled with chamomile tea. The natural lighteners will turn blonds extra-pale, and encourage highlights in brunets and redheads. Deep-condition the following day to keep hair soft and color rich.

RIZZ FIGHTERS

en your style threatens to bent out of shape, these fire solutions can help you k out the kinks:

your blown-straight hair ts to frizz halfway through day, use a boar-bristle sh with a rubber base ural bristles are much firmer and more densely packed than synthetic nylon ones) to smooth and straighten, then rub a quarter-size dollop of styling cream such as John Frieda Ready to Wear Upbeat Whipped Styling Creme between your palms, and lightly coat the surface of your hair to keep it smooth.

• For a special occasion, when you really want to look your best, fight humidity's frizz-inducing effects with this salon-perfect trick from Laurent D. of New York and L.A.'s Prive Salon: After shampooing, start blow-drying, tousling hair with your fingers until almost all the moisture is out. Add a small amount of styling cream or lotion for lasting hold and shine. Wrap the top section of hair onto an extra-large Velcro roller, then pin remaining sections around the center roller to keep them taut. Dress and put on makeup, then unwrap and run your fingers through hair.

(continued)

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tan tricks

No time to tan? No need to stay pale, either, with this quicker-than-ever self-tan plan.

- Prep skin with a body exfoliator such as the Thymes Limited Botanical Balance Sugar Scrub to get rid of rough spots that will lead to uneven absorption.
- Choose a gel formula such as Lancôme Flash Bronzer Instant Colour Self-Tanning Gel over a cream or oil—gels will dry in about ten minutes.
- Protect your eyebrow and hairline from staining d (we've seen it happen!) thinly coating them wit petroleum jelly.
- Start from the bottom up to avoid an unsightly tan line at your stomach from bending at the wai to reach your feet last.
- Even out strap marks b applying a tiny bit of the self-tanning gel to the pe area. Let it absorb for 3 5 minutes; rub a drop of body lotion over the area to smooth away any line of demarcation.

COOL IT

- KEEP MAKEUP IN PLACE BY USING POWDER FORMULATIONS ON EYES AND CHEEKS, TOUCHING UP WITH LOOSE TRANSLUCENT POWDER
- WITH A DUSTIN OF LOOSE TRANSLUCENT POWDER—NOT PRESSED POWDER, WHIC TENDS TO CAKE IN THE HEAT.
- UN-CHAP LIPS BY COATING THROUGHOUT THE DAY.
- CONCEALING A BREAKOUT GETS TRICKY IN BRIGHT SUNLIGHT. AFTER APPLYING FOUNDATION, BRUSH A WATER-BASED CONCEALER DIRECTLY ONTO BLEMISHES, THEN BLEND AWAY THE EDGES SEAMLESSLY. LOCK IN PLACE THEM WITH AN SPF-15 LIP BALM SUCH AS ELIZABETH ARDE EIGHT HOUR CREAM LIP PROTECTANT STICK SPF 15, OR A DAB OF OVER-THE-COUNTER CORTISONE. EVEN THOUGH TRENDY LIP GLOSS HAS A WET LOOK, MOST AREN'T HYDRATING.

COMBAT MELTDOWN BY PLACING EYELINERS, LIP PENCILS AND LIPSTICKS IN A PLASTIC BAG AND FREEZING FOR TEN MINUTES BEFORE APPLYING

tipstotoes

It's sandal season, and while dramatic red looks great on toes, dark shades often leave a yellowish stain on nails, a result of pigment from the polish soaking into the nail. Get your nailbeds back in the pink with a bleaching paste made from equal parts baking soda and peroxide. Apply a drop of the paste to the top of each nail, then scrub vigorously back and forth with a nail brush until stains are gone.

Pale nail lacquers make for chic pedicures, but after a few days in the sun, light colors turn dull and yellow. Prevent the sun's rays and chlorine from stealing shine from your pedicure by topping it off with a non-yellowing topcoat (we like Maybelline Ultimate Wear in Crystal Clear) the night before you hit the beach or pool. If you're on vacation, change polish completely every three days.

Hot-this-summer glitter polish is glam only until it's time to take it off—then get ready for a serious struggle. Patti Blanusa, of Hands On in Beverly Hills, saturates a cotton ball with pure acetone and lets it sit on the nail for a full minute to soften the glitter polish before sliding it down the nail. Counteract the drying effects of acetone by slathering nails, cuticles and feet with a rich hand cream.



NASONEX® is the only nasal allergy spray approved for children 3 years and older.



Kids shouldn't have to worry about allergies. NASONEX® helps relieve your child's nasal allergy symptoms without making them drowsy or keeping them up at night. And it treats nasal allergy symptoms year-round, both indoors and out.

Taken once a day, NASONEX® helps relieve your child's itchy, runny nose, sneezing, and congestion. NASONEX® helps by treating the nasal allergy symptoms caused by dust mites, pet dander, even tree and grass pollen. Maximum benefit is usually achieved within 1 to 2 weeks.

Side effects were generally mild and included headache, viral infection, sore throat, nosebleeds, and coughing. Take NASONEX® regularly as recommended by your doctor. Please see additional important information on adjacent page or call 1-800-663-3434. Available by prescription only.

Talk to your doctor to find out whether NASONEX® is right for your child.



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*calculated on the anhydrous basis

BRIEF SUMMARY [illegible] See package insert [illegible]

INDICATIONS AND USAGE NASONEX Nasal Spray, 50 mcg is indicated for the treatment of the nasal symptoms of seasonal allergic and perennial allergic rhinitis, in adults and pediatric patients 3 years of age and older. NASONEX Nasal Spray, 50 mcg is indicated for the prophylaxis of the nasal symptoms of seasonal allergic rhinitis in adult and adolescent patients 12 years and older. In patients with a known seasonal allergen that precipitates nasal symptoms of seasonal allergic rhinitis, initiation of prophylaxis with NASONEX Nasal Spray, 50 mcg is recommended 2 to 4 weeks prior to the anticipated start of the pollen season. Safety and effectiveness of NASONEX Nasal Spray, 50 mcg in pediatric patients less than 3 years of age have not been established.

CONTRAINDICATIONS Hypersensitivity to any of the ingredients of this preparation contraindicates its use.

WARNINGS The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal, ie, joint and/or muscular pain, lassitude, and depression. Careful attention must be given when patients previously treated for prolonged periods with systemic corticosteroids are transferred to topical corticosteroids, with careful monitoring for acute adrenal insufficiency in response to stress. This is particularly important in those patients who have associated asthma or other clinical conditions where too rapid a decrease in systemic corticosteroid dosing may cause a severe exacerbation of their symptoms.

If recommended doses of intranasal corticosteroids are exceeded or if individuals are particularly sensitive or predisposed by virtue of recent systemic steroid therapy, symptoms of hypercorticism may occur, including very rare cases of menstrual irregularities, acneiform lesions, and cushingoid features. If such changes occur, topical corticosteroids should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Persons who are on drugs which suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in nonimmune children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS General: Intranasal corticosteroids may cause a reduction in growth velocity when administered to pediatric patients (see **PRECAUTIONS, Pediatric Use** section). In clinical studies with NASONEX Nasal Spray, 50 mcg, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, use of NASONEX Nasal Spray, 50 mcg should be discontinued and appropriate local or systemic therapy instituted, if needed.

Nasal corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract, or in untreated fungal, bacterial, systemic viral infections, or ocular herpes simplex.

Rarely, immediate hypersensitivity reactions may occur after the intranasal administration of mometasone furoate monohydrate. Extreme rare instances of wheezing have been reported.

Rare instances of nasal septum perforation and increased intraocular pressure have also been reported following the intranasal application of aerosolized corticosteroids. As with any long-term topical treatment of the nasal cavity, patients using NASONEX Nasal Spray, 50 mcg over several months or longer should be examined periodically for possible changes in the nasal mucosa.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septum ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Glaucoma and cataract formation was evaluated in one controlled study of 12 weeks' duration and one uncontrolled study of 12 months' duration in patients treated with NASONEX Nasal Spray, 50 mcg at 200 mcg/day, using intraocular pressure measurements and slit lamp examination. No significant change from baseline was noted in the mean intraocular pressure measurements for the 141 NASONEX-treated patients in the 12-week study, as compared with 141 placebo-treated patients. No individual NASONEX-treated patient was noted to have developed a significant elevation in intraocular pressure or cataracts in this 12-week study. Likewise, no significant change from baseline was noted in the mean intraocular pressure measurements for the 139 NASONEX-treated patients in the 12-month study and again, no cataracts were detected in these patients. Nonetheless, nasal and inhaled corticosteroids have been associated with the development of glaucoma and/or cataracts. Therefore, close follow-up is warranted in patients with a change in vision and with a history of glaucoma and/or cataracts.

When nasal corticosteroids are used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, NASONEX Nasal Spray, 50 mcg should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Information for Patients: Patients being treated with NASONEX Nasal Spray, 50 mcg should be given the following information and instructions. This information is intended to aid in the safe and effective use of this medication. It is not a disclosure of all intended or possible adverse effects. Patients should use NASONEX Nasal Spray, 50 mcg at regular intervals (once daily) since its effectiveness depends on regular use. Improvement in nasal symptoms of allergic rhinitis has been shown to occur within 11 hours after the first dose based on one single-dose, parallel-group study of patients in an outdoor "park" setting (park study) and one environmental exposure unit (EEU) study and within 2 days after the first dose in two randomized, double-blind, placebo-controlled, parallel-group seasonal allergic rhinitis studies. Maximum benefit is usually achieved within 1 to 2 weeks after initiation of dosing. Patients should take the medication as directed and should not increase the prescribed dosage by using it more than once a day in an attempt to increase its effectiveness. Patients should contact their physician if symptoms do not improve, or if the condition worsens. To assure proper use of this nasal spray, and to attain maximum benefit, patients should read and follow the accompanying Patient's Instructions for Use carefully.

Patients should be cautioned not to spray NASONEX Nasal Spray, 50 mcg into the eyes or directly onto the nasal septum.

Persons who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles, and patients should also be advised that if they are exposed, medical advice should be sought without delay.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In a 2-year carcinogenicity study of Sprague Dawley rats, mometasone furoate demonstrated no statistically significant increase of tumors at inhalation doses up to 67 mcg/kg (approximately 3 and 2 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m^2 basis). In a 19-month carcinogenicity study of Swiss CD-1 mice, mometasone furoate demonstrated no statistically significant increase in the incidence of tumors at inhalation doses up to 160 mcg/kg (approximately 4 and 3 times the maximum recommended daily intranasal dose in adults and children, respectively, on a mcg/m^2 basis).

At cytotoxic doses, mometasone furoate produced an increase in chromosome aberrations *in vitro* in Chinese hamster ovary-cell cultures in the nonactivation phase, but not in the presence of rat liver S9 fraction. Mometasone furoate was not mutagenic in the mouse-lymphoma assay and the *Salmonella/E. coli*/mammalian microsome mutation assay, a Chinese hamster lung cell (CHL) chromosomal-aberrations assay, an *in vivo* mouse bone-marrow erythrocyte-micronucleus assay, a rat bone-marrow clastogenicity assay, and the mouse male germ-cell clastogenicity assay. Mometasone furoate also did not induce unscheduled DNA synthesis *in vivo* in rat hepatocytes.

In reproductive studies in rats, impairment of fertility was not produced by subcutaneous doses up to 15 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). However, mometasone furoate caused prolonged gestation, prolonged and difficult labor, reduced offspring survival, and reduced maternal body weight gain at a dose of 15 mcg/kg.

Pregnancy: *Teratogenic Effects: Pregnancy Category C:* Mometasone furoate caused cleft palate in mice at subcutaneous doses of 60 mcg/kg and above (approximately 2 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). Offspring survival was reduced in the 180-mcg/kg group (approximately 4 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). No such effects were observed at 20 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

In rabbits, mometasone furoate caused flexed front paws at a topical dermal dose of 150 mcg/kg (approximately 14 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

In rats, mometasone furoate produced umbilical hernia, cleft palate, and delayed ossification at a topical dermal dose of 600 mcg/kg (approximately 30 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). At 1200 mcg/kg (approximately 60 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), microphthalmia, umbilical hernias, and delayed ossification were observed in rat pups.

In these developmental studies, there were also reductions in maternal body weight gain and effects on fetal growth (lower fetal body weights and/or delayed ossification) in mice (60 and 180 mcg/kg), rabbits (150 mcg/kg), and rats (600 mcg/kg).

In an oral developmental study in rabbits, at 700 mcg/kg, (approximately 70 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), increased incidences of resorptions and malformations, including cleft palate and/or head malformations (hydrocephaly or domed head) were observed. Pregnancy failure was observed in most rabbits at 2800 mcg/kg (approximately 270 times the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis).

There are no adequate and well-controlled studies in pregnant women. NASONEX Nasal Spray, 50 mcg, like other corticosteroids, should be used during pregnancy only if the potential benefits justify the potential risk to the fetus. Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nonteratogenic Effects: Hypoadrenalism may occur in infants born to women receiving corticosteroids during pregnancy. Such infants should be carefully monitored.

Nursing Mothers: It is not known if mometasone furoate is excreted in human milk. Because other corticosteroids are excreted in human milk, caution should be used when NASONEX Nasal Spray, 50 mcg is administered to nursing women.

Pediatric Use: Controlled clinical studies have shown intranasal corticosteroids may cause a reduction in growth velocity in pediatric patients. This effect has been observed in the absence of laboratory evidence of hypothalamic-pituitary-adrenal (HPA) axis suppression, suggesting that growth velocity is a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA axis function. The long-term effects of this reduction in growth velocity associated with intranasal corticosteroids, including the impact on final adult height, are unknown. The potential for "catch up" growth following discontinuation of treatment with intranasal corticosteroids has not been adequately studied. The growth of pediatric patients receiving intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg should be monitored routinely (eg, via stadiometry). The potential growth effects of prolonged treatment should be weighed against clinical benefits obtained and the availability of safe and effective noncorticosteroid treatment alternatives. To minimize the systemic effects of intranasal corticosteroids, including NASONEX Nasal Spray, 50 mcg, each patient should be titrated to his/her lowest effective dose.

Seven hundred and twenty (720) patients 3 to 11 years of age were treated with mometasone furoate nasal spray, 50 mcg (100 mcg total dose) in controlled clinical trials. Safety and effectiveness in children less than 3 years of age have not been established.

A clinical study has been conducted for one year in pediatric patients (ages 3 to 9 years) to assess the effect of NASONEX Nasal Spray, 50 mcg (100 mcg total daily dose) on growth velocity. No statistically significant effect on growth velocity was observed for NASONEX Nasal Spray, 50 mcg compared to placebo. No evidence of clinically relevant HPA axis suppression was observed following a 30-minute Cosyntropin infusion.

The potential of NASONEX Nasal Spray to cause growth suppression in susceptible patients or when given at higher doses cannot be ruled out.

Geriatric Use: A total of 203 patients above 64 years of age (age range 65 to 85 years) have been treated with NASONEX Nasal Spray, 50 mcg for 1 to 3 months. The adverse reactions reported in this population were similar in type and incidence to those reported by younger patients.

ADVERSE REACTIONS In controlled US and International clinical studies, a total of 3210 adult and adolescent patients aged 12 years and older received treatment with NASONEX Nasal Spray, 50 mcg at doses of 50 to 200 mcg/day. The majority of patients (n = 2103) were treated with 200 mcg/day. In controlled US and International studies, a total of 990 pediatric patients (ages 3 to 11 years) received treatment with NASONEX, 50 mcg at doses of 25 to 200 mcg/day. The majority of pediatric patients (720) were treated with 100 mcg/day. A total of 513 adult, adolescent, and pediatric patients have been treated for 1 year or longer. The overall incidence of adverse events for patients treated with NASONEX Nasal Spray, 50 mcg was comparable to patients treated with the vehicle placebo. Also, adverse events did not differ significantly based on age, sex, or race. Three percent or less of patients in clinical trials discontinued treatment because of adverse events; this rate was similar for the vehicle and active comparators.

All adverse events (regardless of relationship to treatment) reported in 5% or more of adult and adolescent patients aged 12 years and older who received NASONEX Nasal Spray, 50 mcg, 200 mcg/day and by pediatric patients ages 3 to 11 years who received NASONEX Nasal Spray, 50 mcg, 100 mcg/day in clinical trials vs placebo and that were more common with NASONEX Nasal Spray, 50 mcg than placebo, are displayed in the table below.

ADVERSE EVENTS FROM CONTROLLED CLINICAL TRIALS IN SEASONAL ALLERGIC AND PERENNIAL ALLERGIC RHINITIS (PERCENT OF PATIENTS REPORTING)

	Adult and Adolescent Patients 12 years and older		Pediatric Patients Ages 3 to 11 years	
	NASONEX 200 mcg (N = 2103)	VEHICLE PLACEBO (N = 1671)	NASONEX 100 mcg (N = 374)	VEHI PLAC (N =
Headache	26	22	17	18
Viral Infection	14	11	8	9
Pharyngitis	12	10	10	10
Epistaxis/Blood-Tinged Mucus	11	6	8	9
Coughing	7	6	13	15
Upper Respiratory Tract Infection	6	2	5	4
Dysmenorrhea	5	3	1	0
Musculoskeletal Pain	5	3	1	1
Sinusitis	5	3	4	4
Vomiting	1	1	5	4

Other adverse events which occurred in less than 5% but greater than equal to 2% of mometasone furoate adult and adolescent patients 12 years and older) treated with 200-mcg doses (regardless of relation to treatment), and more frequently than in the placebo group inc arthralgia, asthma, bronchitis, chest pain, conjunctivitis, diarrhea, dy sia, earache, flu-like symptoms, myalgia, nausea, and rhinitis.

Other adverse events which occurred in less than 5% but greater or to 2% of mometasone furoate pediatric patients aged 3 to 11 years t with 100-mcg doses vs placebo (regardless of relationship to treat and more frequently than in the placebo group included: diarrhea, nas tation, otitis media, and wheezing.

Rare cases of nasal ulcers and nasal and oral candidiasis were reported in patients treated with NASONEX Nasal Spray, 50 mcg, pri in patients treated for longer than 4 weeks.

In postmarketing surveillance of this product, cases of nasal burnin irritation and rare cases of nasal septal perforation have been reporte

OVERDOSAGE There are no data available on the effects of acute or c overdosage with NASONEX Nasal Spray, 50 mcg. Because of low sy bioavailability, and an absence of acute drug-related systemic findi clinical studies, overdose is unlikely to require any therapy other than vation. Intranasal administration of 1600 mcg (8 times the recomm dose of NASONEX Nasal Spray, 50 mcg) daily for 29 days, to healthy h volunteers, was well tolerated with no increased incidence of a events. Single intranasal doses up to 4000 mcg have been studied in h volunteers with no adverse effects reported. Single oral doses up to mcg have been studied in human volunteers with no adverse reported. Chronic overdosage with any corticosteroid may result in su symptoms of hypercorticism (see **PRECAUTIONS**). Acute overdosag this dosage form is unlikely since one bottle of NASONEX Nasal Spr mcg contains approximately 8500 mcg of mometasone furoate.

Schering Corporation
Kenilworth, NJ 07033 USA

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Rev.
2010985



one to allergic reactions? The sun might be the culprit when it comes to mmer rashes and cold sores. Protect your skin by doing a patch test before ng any moisturizer, sunblock or foundation. Apply a square inch of the oduct on a part of you that is subject to the same environmental conditions your face—such as the top of your hand, rather than the inside of your n—to check possible sun interactions. Reduce a cold sore with Lysene, an er-the-counter healing treatment.

GOING FOR BRONZE

IF YOU LOVE THE IDEA OF A BRONZING POWDER BECAUSE IT GIVES YOU A QUICK AND TEMPORARY TAN, TRY THIS TIP FROM TAURA WOODS, A MAKEUP ARTIST AT THE ARIZONA BILTMORE SPA, IN PHOENIX, TO GET THE MOST NATURAL LOOK: USING A LARGE POWDER BRUSH, TAP IT DIRECTLY ON THE BRONZER. THEN SWEEP OVER THE ENTIRE FACE, CONCENTRATING ON THE T-ZONE AND LIGHTLY BLENDING OUT TO THE APPLES OF THE CHEEKS. ADD AN EXTRA LUMINESCENT TOUCH OF SUN WITH A CREAMY BRONZE HIGHLIGHTER SUCH AS REVLON GLEAMER STICK IN GILDED.

Q. Can I use the same anti-aging AHA treatment on my sun-damaged chest that I use on my face?

A. Yes, but because facial skin is usually more sensitive than body skin, don't use a body product on your face. If you want to use one all-purpose product all over, choose a face cream, or serum with no higher than 10 percent glycolic acid.

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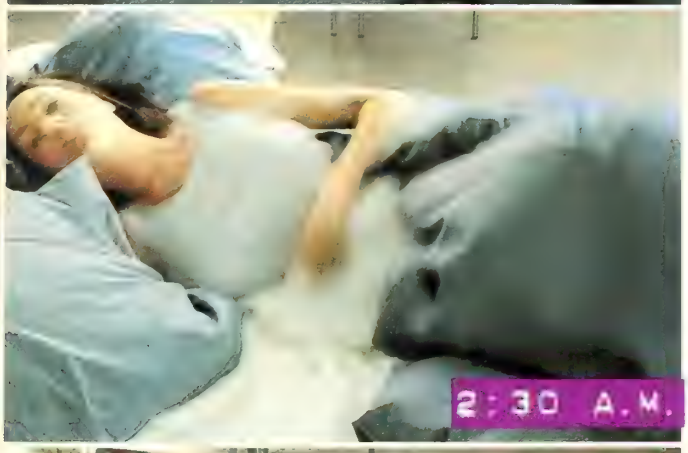
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Getting ENOUGH Sleep? Dream On!









Unless you hit the sack for at least eight hours a night, you're probably not getting the rest you need. Here, one woman's quest to finally log enough zzz's—plus a plan to help you get yours **By Mary C. Hickey**

AS THE NUMBERS on my alarm clock flip to 11:58 P.M., I sigh in exasperation. It isn't going to happen tonight, either. I've got to be up at 6:15 A.M., so even if I fall asleep within the next two minutes, I'll still be almost two hours short of my goal.

For the past seven nights, I've been trying to get eight hours sleep as part of an experiment for *Ladies' Home Journal*. God knows I need it. I rarely get even seven hours a night. And I know I'm paying the price. I can't wake up without an alarm clock. I feel fatigued and groggy most afternoons, and if it weren't for my Starbucks grande skim latte, I'd be snoozing at my desk by four.

But now I'm determined to change my sleep habits—no matter what it takes.

THE PRICE OF CHEATING ON SLEEP

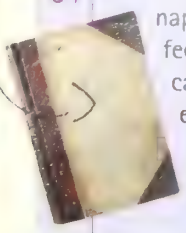
I've read studies showing that a chronic sleep debt can decrease productivity and alertness. And I've seen statistics showing that sleep deprivation contributes to car accidents almost as frequently as drunk driving does.

New research suggests that lack of sleep may actually cause us to develop serious heath problems, including obesity, high blood pressure and diabetes. A study conducted at the University of Chicago found that healthy young people who got just four hours of sleep a night showed "striking alternations in metabolic and endocrine function" that mimicked some of the hallmarks of aging. Chronic sleep deprivation, say the researchers, makes it more difficult to maintain a proper balance of hormones, fight off infection, manage stress and more. "An accumulated sleep debt is potentially as detrimental to a person's health as poor nutrition or a sedentary lifestyle," says Eve Van Cauter, Ph.D., director of the study. Meanwhile, statistics show that most of us are still not getting enough sleep. The National Sleep Foundation, in Washington, D.C., reports that nearly one in three Americans *(continued)*


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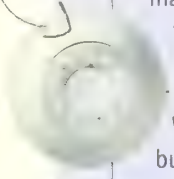
5-STEP PLAN TO BETTER SLEEP

step 1



Determine how much sleep you need. Record the amount of sleep you get each night for two weeks, keeping track of any naps and how sleepy you feel during the day. You can tell if you're getting enough sleep by observing how your sleep patterns affect the way you feel on the following day.

step 2

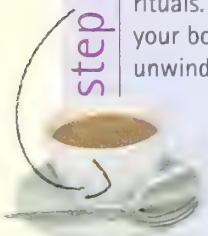


Create the right "sleep environment." Make sure your mattress is comfortable and that you have shades that keep out light. (Alternatively, buy a sleep mask.) The temperature in your bedroom should be between 65°F. and 68°F.

step 3

Wean yourself from sleep-busting chemicals, such as caffeine, nicotine and alcohol. Avoid coffee, tea, cola, chocolate and liquor within six hours of your bedtime. Check prescription and non-prescription medicines to see if they contain caffeine.

step 4



Establish calming pre-bed rituals. "You've got to send your body cues that it's time to unwind," says Kline. Finish up chores as quickly as possible. Then, spend an hour or so engaging in relaxing activities. Stay away from bright light, which signals your body to stay awake.

step 5

Don't get into bed until you feel tired; your goal should be to fall asleep within twenty minutes of getting under the covers. Keep adding fifteen-minute chunks of time until you've achieved your sleep goals.

PHOTODISC

(continued) sleeps six hours or less per night during the workweek.

TOSSING AND TURNING

My initial goal was to get to sleep by 10 P.M. and wake up at my usual hour. If all went well, I figured I'd be getting eight hours and fifteen minutes of sleep.

But for the first few nights, I couldn't manage to get into bed before 11 P.M. There was simply too much to do—make dinner, clean up, tuck the kids into bed. The easiest thing to put off was my bedtime.

By midweek, I was trying to move more quickly throughout the evening. On Thursday, I managed to be under the covers with the lights out by 10:30. Unfortunately, I was far too riled up from playing beat-the-clock to fall asleep before midnight, my usual time.

Another night I decided to add my sleep time at the morning end and arranged for my husband to get the kids ready for school. I awoke at dawn when the alarm clock went off for him, but fell easily back to sleep. Not for long, though. I managed to squeeze in only another half hour.

For a few nights after that, I suffered from insomnia. I fell asleep by 11:30 but spent the hours between 3 and 5 A.M. tossing and turning.

Finally, at the start of my third week, I decided to call in the big guns. I consulted Joyce Walsleben, Ph.D., head of the sleep disorders clinic at New York University, in New York City. Walsleben had a simple solution to my problem. She explained that the body's biological clock gets programmed by our sleep habits and that de-programming it takes time. Instead of going to bed two hours earlier, she suggested I go to bed fifteen minutes earlier for four or five nights. Then, after I was used to that, I was to continue pushing back my bedtime, in fifteen-minute increments, until I no longer felt tired or cranky during the day.

Next, I called Alex Lukeman, Ph.D., author of *Sleep (continued)*

ANIPRYL®

(selegiline hydrochloride, L-deprenyl hydrochloride)

Tablets

For use in dogs only

CAUTION

DESCRIPTION

INDICATIONS

CONTRAINDICATIONS

WARNINGS Keep out of reach of children. Not for human use.

PRECAUTIONS General:

Laboratory Tests.

Reproductive Safety

ADVERSE REACTIONS:

Percentage of Dogs with Adverse Events Reported in Clinical Fi

Adverse Event	Anipryl (n=404)	Placebo (n=
vomiting	26%	15%
diarrhea	18%	10%
hyperactive/restless*	12%	6%
anorexia	8%	1%
neurologic**	6%	1%
lethargy	6%	1%
salivation	5%	4%
urinary tract infection	4%	1%
pruritis/dermatologic	4%	1%
weakness	4%	0%
pale gums	3%	1%
polyuria/polydipsia	3%	1%
weight loss	3%	0%
diminished hearing	2%	0%
panting	2%	1%
cardiovascular/respiratory***	2%	0%
licking	2%	1%

DOSAGE AND ADMINISTRATION

CDS:

Clinical Use of Anipryl in CDS.

REFERENCE:

HOW SUPPLIED:

STORAGE:

Pfizer Animal Health

It's hard to say "welcome home" when I can't remember your face.



It's difficult to watch your dog age, especially if your old friend becomes forgetful and loses interest in your family. Frequently mistaken as signs of old age, these changes may be due to a common medical condition known as canine Cognitive Dysfunction Syndrome. Fortunately, Anipryl® (selegiline hydrochloride) offers

Some Common Signs Of Canine Cognitive Dysfunction Syndrome

- Doesn't recognize you
- Sleeps less at night
- Forgets housetraining
- Loses interest in family

new hope for millions of older dogs and their families. In studies, the most common side effects were vomiting, diarrhea or changes in behavior. Consult your veterinarian before using Anipryl with other medications or with tick collars. And if you ever miss having your old dog greet you, see your veterinarian or call 1-888-ANIPRYL.

ANIPRYL®

Giving old dogs a new lease on life.

See brief summary on adjacent page for important information.

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Animal Health

www.anipryl.com

(continued) *Well, Sleep Deep: How Sleeping Well Can Change Your Life* (M. Evans & Company, 1999). He asked me what I did during the hour just before going to sleep. When I mentioned that I generally ended my day watching *Nightline*, he suggested I abandon that practice. "Television can be very stimulating, making it difficult to fall asleep." Even reading, he said, can be too stimulating for some people.

Instead, Lukeman advised that I engage in relaxing pursuits, such as listening to music, taking a warm bath or having a quiet conversation with my husband. When I had trouble falling asleep, he told me to try this breathing exercise: inhale deeply through my nose for a count of four, hold my breath for seven seconds, and then exhale through the mouth for a count of eight.

He also suggested a twist on the old version of counting sheep. "Lie in bed, with your eyes closed, and visualize gold numbers on a black background. Then, imagine yourself taking the number one hundred down and replacing it with the number ninety-nine, and so on until you get to zero." He predicted: "I bet you'll never get to zero."

In addition, Lukeman recommended some herbal aids. I bought a lavender sachet to put under my pillow, and I began sipping chamomile tea a half hour before my bedtime.

"For the first few nights, I couldn't manage to get to bed before 11 P.M. There was simply too much to do"

SWEET SLUMBER AT LAST

As it turned out, the advice of the pros did the trick. Six weeks into my experiment, I'm happy to report that gradually I've begun to change my sleep habits. No, I still haven't gotten a full eight hours *every night* for a week, but I've come very close. By week six, I got eight hours of sleep five nights in a row! Overall, I have increased the amount of time I sleep from my average of six and a half or less to seven or more.

As a result, I feel more energetic and less stressed out. I still have my afternoon latte, but I have switched to decaf and barely notice the difference. Another interesting observation is that I find that I'm no longer sleeping late on weekends. Instead, I've been up by eight, feeling peppy and refreshed.

I still suffer from insomnia from time to time. But now, when I wake up in the middle of the night, I count the golden numbers and, amazingly, it works. I haven't gotten to zero yet.

While it won't happen overnight, I've learned that if you make sleep a priority, you *can* change your sleeping habits. And by doing so, you're likely to improve your alertness, your productivity, your energy level—and your overall health. ■



THE FEMALE **SNOOZE** SHORTAGE

When it comes to sleep, women are more vulnerable to problems than men. In a survey of women ages thirty to sixty by the National Sleep Foundation, 53 percent reported frequent sleep difficulties during the past month. Why? Experts cite these culprits:

• **BUSY LIVES** According to the National Commission on Sleep Disorders, working mothers have added 241 hours per year to their work schedules since 1968, compared to the 158 hours added by the average American. This often translates to fewer hours of sleep, experts say. Furthermore, women who take care of small children or aging relatives often have their sleep interrupted, points out Joyce Walsleben, Ph.D., head of the sleep disorders clinic at New York University.

• **SNORING HUSBANDS** About 25 percent of men snore each night, more than double the number of women who do. "Snoring doesn't necessarily disturb the person doing it," Walsleben said. "But many women are deprived of sleep because of partners who snore."

• **PMS** Low progesterone levels during the beginning of the menstrual cycle can contribute to insomnia, Walsleben says. In the National Sleep Foundation study, the average woman reported disrupted sleep for two and a half days each menstrual cycle.

• **PREGNANCY** A whopping 79 percent of women said their sleep is more disturbed during pregnancy than at other times, according to the National Sleep Foundation survey. Experts say this probably is due to hormonal changes early in the pregnancy and to difficulty getting comfortable during the final three months.

• **MENOPAUSE** Studies show that about 40 percent of menopausal women suffer from sleep problems, usually related to hot flashes.

• **MENTAL HEALTH PROBLEMS** Women are more susceptible than men to depression and anxiety, both of which can lead to insomnia or early morning sleeplessness.

he heck with uffleboard!



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"I manage my type 2 diabetes through diet, exercise and medication.

"The medication my doctor prescribed is *Avandia*. *Avandia* works differently from most other diabetes medications. It strengthens my body's ability to use its own natural insulin more effectively for long-lasting improvement in blood sugar control. I can feel comfortable taking *Avandia* tablets because they're safe to take as prescribed once or twice a day."

I am stronge

Avandia, along with diet and exercise, may be used either alone or with Glucophage® (metformin HCl) for improved blood sugar control.

In studies, the most common side effects included cold-like symptoms and headache. A small percentage of people experienced anemia and/or mild to moderate swelling of their legs or ankles. If you experience these or other symptoms, talk to your doctor.

As with most diabetes medications, you may experience an increase in weight (3 to 8 pounds). This often occurs with improved blood sugar control.

If you are a premenopausal woman who is not ovulating, you should know that *Avandia* therapy may result in resumption of ovulation, which may increase your chances of becoming pregnant. Therefore, you may need to consider birth control options. Talk to your doctor before taking *Avandia* if you are nursing, pregnant or thinking about becoming pregnant.

While taking *Avandia*, follow your doctor's guidelines for periodic liver monitoring. If you experience nausea, vomiting, stomach pain, tiredness, anorexia, dark urine or yellowing of the skin, talk to your doctor immediately. Tell your doctor if you have a history of congestive heart failure or edema. Please see important patient information on the following page.

For improved blood sugar control, follow the diet, exercise, weight-loss and medication plan recommended by your doctor and test your blood sugar regularly.

If you have type 2 diabetes, talk to your doctor.

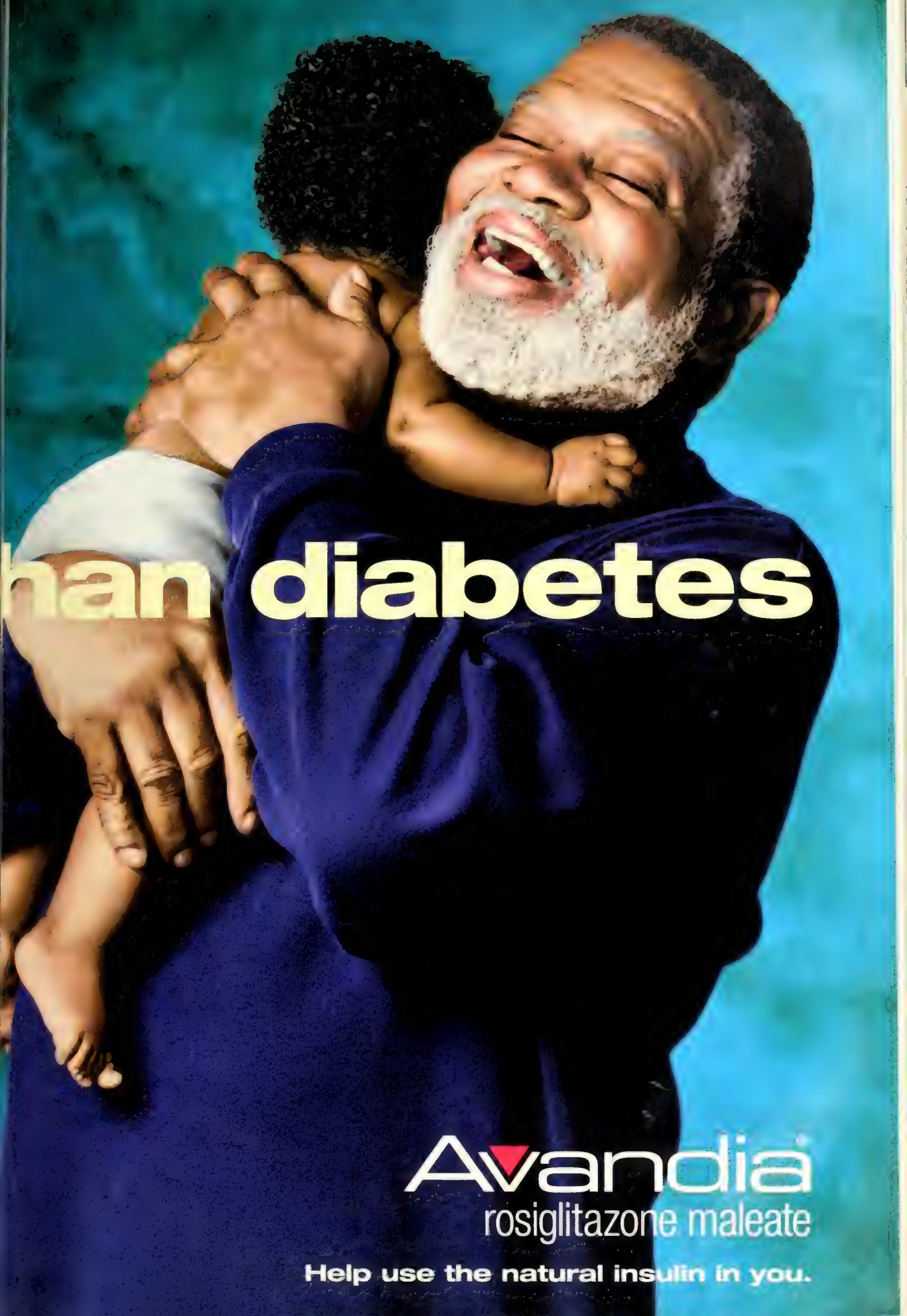
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Patient Information About AVANDIA® (rosiglitazone maleate) Tablets 2 mg, 4 mg, and 8 mg

What is *Avandia*?
Avandia is one product in a new class of prescription drugs called thiazolidinediones (thigh-a-zoe-lid-een-die-owns). It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body still produces insulin but it is not able to fully use the insulin. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take up to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day in the morning or twice a day in the morning and evening. It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
If your doctor has prescribed *Avandia* for use once a day:

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

If your doctor has prescribed *Avandia* for use twice a day:

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia*, alone or in combination with other prescription drugs, may improve these other efforts by helping your body make better use of the insulin it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using other r tions, including other antidiabetic medications, birth pills, warfarin (a blood thinner), Zantac® (ranitidine, an a product manufactured by Glaxo Wellcome Inc.), certa medications, and some cholesterol-lowering produc should discuss with your doctor the most appropriate you. If you are taking prescription or over-the-counter p for your diabetes or for conditions other than diabetes, to tell your doctor.

What should I discuss with my doctor before *Avandia*?
You should talk to your doctor if you have a history of liver problems or congestive heart failure, or if you are pregnant or thinking of becoming pregnant. If you are menopausal woman who is not ovulating, you shoul that *Avandia* therapy may result in the resumption of ov which may increase your chances of becoming pr Therefore, you may need to consider birth control opti

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials. Th common side effects reported by people taking *Avand* upper respiratory infection and headache. As with mo diabetes medications, you may experience an increase i (3 to 8 pounds). This often occurs with improved bloc control. *Avandia* may also cause edema and/or anemi experience any swelling of your extremities (e.g., legs or tiredness, notify your doctor.

Who should not use *Avandia*?
The following people should not take *Avandia*: Peo type 1 diabetes, people who experience yellowing of with Rezulin® (troglitazone, Parke-Davis), people who gic to *Avandia* or any of its components and pec diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure yo sugar control. In addition, your doctor may cond enzyme tests. *Avandia* did not show signs of liver pro studies. However, because a related drug (*Rezulin*) h associated with such problems, and because *Avandia* been widely used, your doctor may recommend a bloc monitor your liver before you start taking *Avandia*, months during the first year and periodically thereafte

It is important that you call your doctor immediately if y rience nausea, vomiting, stomach pain, tiredness, dark urine, or yellowing of the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a c container out of the reach of children. Store *Avandia* i inal container.

DATE OF ISSUANCE AUG. 1999

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* *British Journal of Dermatology* 129:95, 1993.

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If you ever experience ringing in the ears, buzzing, hissing or any other annoying sounds that may be interfering with your life, you should know about *Dr. John's Special Ear Drops™*.

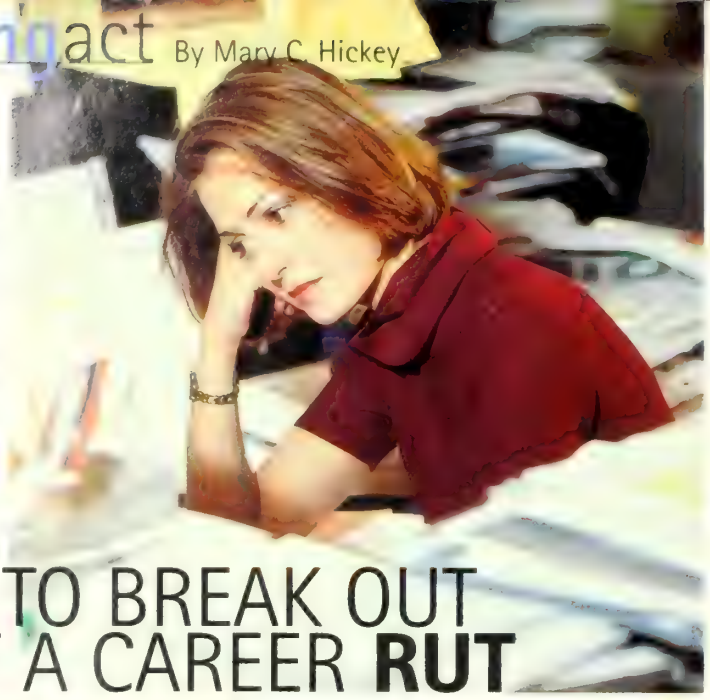
The drops are truly remarkable; for example: 79-year-old Gloria Gains of Richmond, VA writes: *"I tried everything available and my doctor told me I would have to live with my trouble. I had trouble sleeping at night and the sounds were driving me out of my mind. Thank God, I seen your advertisement. I hardly notice anything at all anymore and I'm sleeping like a baby. Your drops have been a God-Send."*

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The drops are guaranteed to be better for you than anything you have ever tried or you will get every cent of your money back, no questions asked. You can't beat that! To order ***Dr. John's Special Ear Drops™*** simply send **$16.95 plus $3.00 shipping and handling (only $19.95) to: Dr. John's Research, Dept. LHJ-DJ5, Box 667, Taylor, MI 48180**

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By Mary C. Hickey



A one-minute interview with psychologist Jane Greer, Ph.D., author (with LHJ editor-at-large Margery D. Rosen) of *Gridlock: Finding the Courage to Move on in Love, Work and Life*

HOW TO BREAK OUT OF A CAREER **RUT**

LHJ: You say in your new book that it's easy for working moms to get grid-

JG: Many working mothers are "career martyrs." They aren't particularly fulfilled at their job, but they stick with it because it's not too demanding, or because it allows them time to deal with family needs, or because they're afraid that making a change will require too much of their time and energy. These women carry the responsibility for everybody on their shoulders—and put their own needs last.

LHJ: But doesn't having a family com-

JG: If a woman consciously decides to make certain sacrifices, that's one thing. But many women feel their children come first and so are reluctant to focus on themselves. They never explore how to balance their own needs with their family's needs, and end up stuck in jobs that leave them unfulfilled and unhappy.

JG: The first step is to change the way you think: Instead of saying, "I can't do this because . . ." you need to say, "This is how I can make this work." Then you need to pursue your goals. Take that night class. Go for that promotion. Instead of being anxious about what will happen, sometimes you need to just make a change and see how things turn out.

traveling mom



VITAL STATS: Amanda Mesler, 36, of Durham, N.C. Married, mother of three girls, ages 4, 3 and 1.

WHAT SHE DOES: A managin director at the international consulting firm KPMG, she travels on business every wee

LOGISTICS: When she's away usually two or three days at a time—her husband and an au take care of the kids. Sometir she takes the kids on busines trips—"this gives us really spe time together," she says. Wh she's not on the road, Amanc works at home so she can sp as much time as possible wit her girls. "I make up for bein away so much by focusing o them completely when I'm ho

THE DRAWBACKS: "I miss out on a lot of little day-to-d things in their lives. I also ge tired, but I try not to show it

THE BENEFITS: "Since I wa little, I've wanted to be a business executive with a family. I'm living my dream.'



WHAT HAVE THEY DONE FOR US LATELY?

FAMILY ISSUES ARE GETTING INCREASED ATTENTION FROM LAWMAKERS, AND NOT SURPRISINGLY, SOME OF THE STRONGEST ADVOCATES ARE CONGRESSIONAL MOMS WHO KNOW ABOUT THE STRUGGLE TO BALANCE WORK AND FAMILY FIRSTHAND. ON THEIR AGEN

WHO	Senator Patty Murray (D—Washington)	Representative Deborah Pryce (R—Ohio)	Representative Nita M. Lowey (D—New York)	Representative Ellen Tauscher (D—California
KIDS	Has two grown children	Her 9-year-old daughter died last year from a chronic illness.	Has three children and four grandchildren.	Author of a book on ch care and mother of a school-age daughter.
KEY ISSUE	Introduced the "Time for School Act," which would allow parents 24 hours off per year from work to participate in their child's school activities.	Has proposed legislation that would give a tax break to companies who provide on-site child-care services for their employees.	Sponsor of a bill that would authorize $75 million in grant money to companies to pay for the start-up costs of on-site child-care services.	Sponsor of a bill that w increase subsidies and breaks for at-home mo and enhance training c child-care workers.
QUOTE	"I know how hard it is for parents to participate in their children's education. I want to give them what they don't have enough of—time."	"Headache-free parents make more productive workers, and children deserve the highest-quality care available."	"It saddens me that more American companies have on-site fitness centers than child-care centers."	"We need to address t access and cost proble we all face finding quality child care."



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Mr. & Mrs. MILLIONAIRE

All of America watched as trivia buff John Carpenter became the first game-show contestant to win $1 million. Today, he and wife, Debbie, are enjoying their fortune and fame—and that's their final answer **By Jennifer Kornreich**

THE $1 MILLION QUESTION
Which of these U.S. Presidents appeared on the television show *Laugh-In*?
A. Lyndon Johnson
B. Richard Nixon
C. Jimmy Carter
D. Gerald Ford
(Correct answer: B)

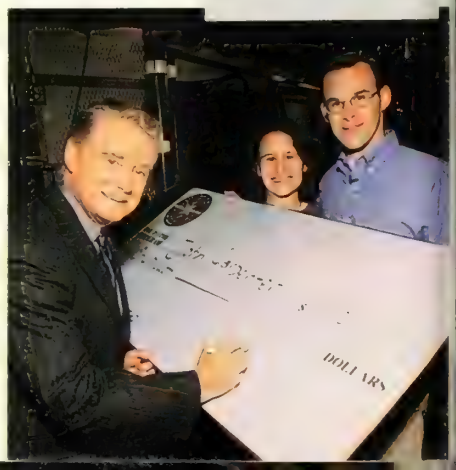
The scene in Debbie and John Carpenter's three-bedroom colonial house in Hamden, Connecticut, is sheer Norman Rockwell. The comfortable sage-green living room is decorated with tasteful Pottery Barn–style furnishings; family pictures are displayed in the dining room. While Debbie serves fresh-brewed coffee, John plays with their toy poodle, Fenway (named for the ballpark of John's beloved Boston Red Sox). To look at them, you'd never guess that they have an impressive six-digit bank balance.

John is, of course, the contestant who made history last November when he became the first of only two people (so far) to win the jackpot on *Who Wants to Be a Millionaire*, the megahit ABC quiz show. Since then, John has been much in demand, with numerous media appearances to his credit.

Though John is an IRS tax collector, even he isn't immune from the government. He and Debbie, a sales and service representative at Fleet Bank, estimate they'll be left with $600,000 after taxes. But John thinks that the money hasn't really changed him: "I had a good life before," he says.

Quiz-show stardom was not that surprising for a man who grew up playing Twenty Questions and Trivial Pursuit with his parents and two brothers. Even today, he and Debbie, both thirty-two, often invite friends over to play games like Pictionary.

Debbie is no slouch in the intelligence department herself—she has a master's degree in economics—but she's not a *(continued)*



Springmaid



Wendy, basking in the softness of her new, all-cotton sheets.

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MR. & MRS. MILLIONAIRE

Continued

trivia buff. That doesn't matter to John. "She's one of the most devastatingly beautiful women I've ever known," he says. "She has a gentle spirit and a healthy sense of humor."

She also has an appreciation for her husband's competitive streak. Debbie had been encouraging John for years to try out for *Jeopardy!* Then along came *Millionaire*, which seemed the perfect opportunity for him to show off his skills on national TV.

At first, John was hesitant to be part of such a pop-culture phenomenon. "I've always shied away from the best-sellers and the blockbuster movies," he says. "The more people like something, the less I like it." But he changed his tune after seeing *Millionaire* and realizing that he knew the answers to most of the questions. The fact that the show is taped in nearby New York was a plus. John called the show's toll-free contestant number, passed two phone tests and was given a tape

Contestants have a chance hearse the show before the taping. It was then that John nea his celebrated cool, when he c get the hang of "Fastest Finge qualifying round in which play against each other to press four in correct sequence. "I was just ble," John says. "I was mutte myself that I should go home, otherwise my friends were just to make fun of me."

The first night, John did stun two of the fastest-finger questi watched as other contestants g turn with host Regis Philbi third time was the charm, but enough time to answer only tw tions before that night's taping e

Intently watching from th ence, Debbie remembers, "I w vous for him. But as the qu came along, I knew he knew th

As America watched the fo night, John zipped through t twelve questions without nee

PROFILE OF A WINNER

Toughest part of the game for John: The "Fastest Finger" round, in which contestants press buttons to arrange four items in the correct order.

What this IRS agent found out too late: Nonresidents don't have to pay taxes on New York game-show winnings—a decision that took effect after he paid $72,000 to the state. (He found this out through Dan Blonsky, the second *Millionaire* contestant to win the big prize.)

Debbie's pre-show advice to John: "If you're not sure of a question, take the money and run."

John's weakness: Memorization. "I always lose when I play Memory with my eight-year-old niece."

What everyone always asks him: "What's Regis like?"

His response: "He's as funny in real life as he is on TV."

the audience, call one of his ex- or eliminate two of the multiple- e answers. Then it all came down e final question. A wrong answer ld have slashed his $500,000 ings to $32,000.

ın used his phone lifeline to call ather, Tom. "Hi, Dad," he said a grin. "I don't really need your I just wanted to let you know I'm going to win the million dol- —the audience began to cheer— ause the U.S. president who ared on *Laugh-In* is Richard n, and that's my final answer!"

ıe phone stunt was intended as a f theatrical fun. "This is your mo- t in the sun," John says. "You ıt as well make it memorable." rtunately, his attitude was seen by viewers as arrogant. "I think the ments about my 'cockiness' come the fact that I didn't break down ing," he says. "It's a little weird millions of people seem to have an ion about me based on an hour's h of exposure. Usually, it takes le at least a week before they know me well enough to think that!"

Debbie dislikes the "arrogant" label, too, but shrugs, "It would be nice for people to know John the way our friends and I know him, but it really doesn't bother me much."

When the Carpenters returned home the day after the show, neighbors and news vans were camped outside their house. But the couple ignored the occasional ringing doorbell as they answered phone calls from excited friends and proud relatives.

That weekend, John was asked to appear in a skit on *Saturday Night Live* and introduce the show. "I figured, what an opportunity!" he says. "I couldn't turn it down." ABC then flew the Carpenters to California for a press tour promoting *Millionaire*. "We really experienced the star treatment," John says. "I could get used to it."

People routinely recognize John in restaurants and on the street, but the attention has not yet been overly intrusive. People *(continued on page 213)*

COULD YOU BE A MILLIONAIRE?

These are four of the questions John Carpenter answered correctly on the road to riches. Can you answer them without using any lifelines?

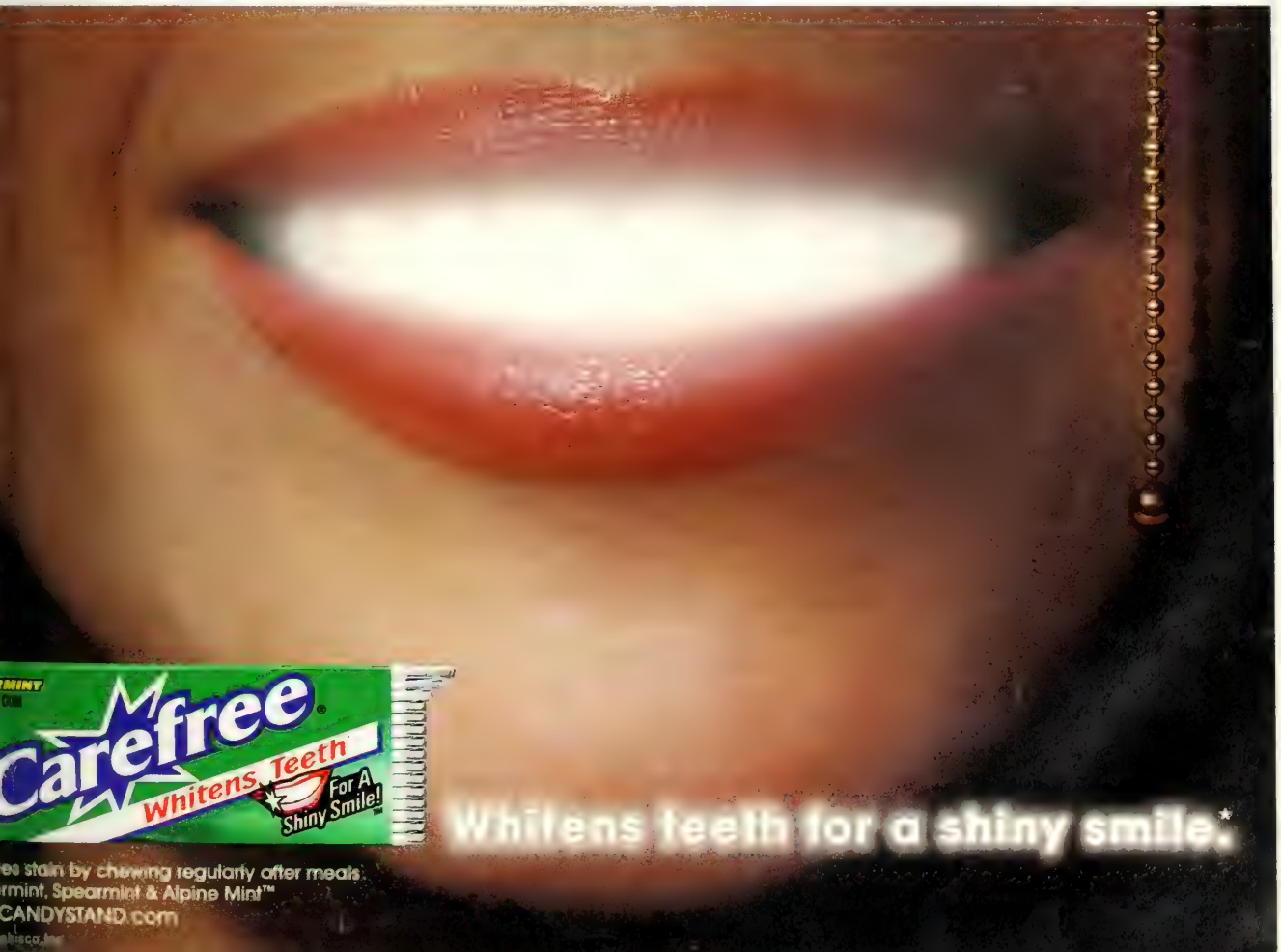
For $2,000: What is the only position on a football team that can be sacked?
A. Center B. Wide receiver C. Tight end D. Quarterback

For $16,000: In what town did the 1881 OK Corral shootout take place?
A. Laramie B. Tombstone C. El Paso D. Dodge City

For $125,000: Who developed the first effective vaccine against polio?
A. Albert Sabin B. Jonas Salk C. Louis Pasteur D. Niels Bohr

For $250,000: Which of the following is not a monotheistic religion?
A. Islam B. Judaism C. Hinduism D. Christianity

(Answers: D, B, B, C.)



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Breast Cancer Prevention and Detection

Brought to you by JOHNS HOPKINS UNIVERSITY AND HEALTH SYSTEM

Lillie Shockney is a registered nurse and director of education and outreach at the Johns Hopkins Breast Center. She is also a breast cancer survivor. With these credentials and this life experience, what does she most want women to know about breast cancer?

Now the majority of women can beat it, unlike 25 years ago, when the diagnosis was associated with the loss of a breast—and often the loss of a life. Today, 75 to 80 percent of women diagnosed with breast cancer are candidates for breast-conserving surgery, and most women who are successfully treated for breast cancer remain free of the disease for the rest of their lives.

Know the risks

Rather than fear breast cancer, women need to focus on prevention and early detection. Understand the risk factors, discuss them with your doctor, and be vigilant about breast cancer screening.

Some of the risk factors for breast cancer are beyond a woman's control. You can't change your age, your genes, your race, or your menstrual history. But your risk for breast cancer—and other cancers—is also affected by your lifestyle.

Here's yet another reason to exercise: The results of two studies suggest that active women may have a lower risk for breast cancer than inactive women. In the first study, an investigation into the physical activity of more than 25,000 women, researchers found that those who exercised regularly had a lower incidence of breast cancer than women who did not (*New England Journal Of Medicine*, May 1997). A second study, reported in the *Annals of Epidemiology* (August 1997), suggested that women who exercised infrequently had a lifetime risk of breast cancer that was 27 percent higher than that of other women.

Need another reason to eat your vegetables? Add to your list that certain vegetables, including broccoli, cauliflower, and brussels sprouts, may inhibit tumor formation. It's no secret that you should avoid cigarettes and alcohol; preventing breast cancer is another reason to steer clear of these health hazards. Researchers are working hard to define further the roles of exercise, weight control, and certain foods in breast cancer prevention.

Early detection saves lives

Early detection of breast cancer by routine screening is a large part of why so many more women are cured now compared with 25 years ago. Shockney explains: "Improvements in detection, including better mammography, mean the diagnosis is made early, and cancer found at an early stage means less treatment and a better chance for a cure."

Shockney urges women to make monthly breast self-examinations a priority: "A breast self-exam only takes 10 minutes. Women should consider that 10 minutes a month time well spent on their own health." It has been estimated that 15,000 American women's lives would be saved each year if every woman performed breast self-examinations each month and had mammograms as recommended.

It's also important to get a risk assessment such as the so-called Gail Model, a computerized program designed to calculate your risks over several decades.

"We use the Gail model here (at the Breast Center)," says Shockney. "It is a good method for doing risk assessment for breast cancer. Women should ask their physician to do it with them."



Breast cancer risk checklist

There are several possible risk factors for breast cancer, though the evidence is stronger for some such as family history, than it is fo others, such as smoking. Talk to your doctor if you have concerns about any of the following.

Aging

The risk increases as you get older.

Family history

The more close relatives who have had breast cancer, the higher your risk. The cause is believed to be mutations in genes that normally prevent cancer. However, not all women with a strong family history carry the mutated genes in question. For them, the risk is the same as for women who have no strong family history.

Late pregnancy

Women who are 30 years or older a the time of their first pregnancy hav a higher risk. The reasons for this a unclear. Women who have not had children also are at slightly higher ri

Early menstruation and/o late menopause

Estrogen is the main concern. The longer a woman is exposed to this hormone, the greater the risk.



your doctor for the Gail Model Risk sment Test for breast cancer.

ow, there was no way to know your risk of getting ancer, only ways of detecting breast cancer early. But ou can actually predict your chances of getting it.

take the new Gail Model Risk Assessment Test of your complete breast health. It takes just a few s. Your doctor asks you six questions regarding:

- age
- you got your first period
- when you had a first child
- history of breast cancer
- ner you've had a breast biopsy
- race

octor enters your answers into a computer. Then you umber that estimates your chances of getting breast over the next five years. If you're 35 or older and your is 1.7 or higher, you're considered at high risk for breast cancer. Please remember that *this does not mean* you'll get breast cancer, only that your risk is higher than average. Most women will get scores of less than 1.7.

Today there is something you can do if you are at high risk.

It's natural to wonder if you would even *want* to know if you're at high risk or not. But now, your doctor has treatments that can help reduce your chances of getting breast cancer if you're at high risk. By taking the risk assessment test and knowing your number, you'll be able to make intelligent, informed choices about your future breast health.

So see your doctor. Get the test. Know your number. Every woman owes it to herself to find out.

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DANGER IN TH

STUDIES SHOW THAT PESTICIDES CAN HARM
BEING EXPOSED TO HIGH LEVELS OF DANGER



When Robina Suwol, forty, dropped off her sons Sherman Oaks Elementary School, in Los Angeles, March 30, 1998, she noticed a man spraying somethi along the side of the building. He must be cleaning, s thought absently as she opened the car door for Bra don, then ten, and Nicholas, then six. As the boys g out, mist from the spray wet their heads and face "Yuck!" said Nicholas. "This tastes terrible!"

"What tastes terrible?" wondered Suwol, but with line of impatient parents behind her at the curb, the was no time to find out. The more she thought abo what had happened, however, the more anxious she b came. The man had been wearing a hazardous-materi suit. If what he was spraying was so dangerous that needed protection, why was it being used around ki She called the school office, and was directed to the L Unified School District's maintenance departme "What were you spraying at Sherman Elementary day?" she asked the man who answered the phone.

"Why do you want to know?" he replied.

Suwol thought quickly. "The grounds look beau ful," she said. "And I have the same foliage in my yar The ruse worked. Armed with the name of an herbici she got on the Internet. What she found there horrif her. According to a Web site run by Cornell Universi Pest Management Education Program, a single expos to Princep, the chemical that had landed on her sc could cause "tremors, convulsions, paralysis, slowed piration, gut pain and diarrhea." That night, Nicho an asthmatic whose disease was usually under cont suffered a severe attack.

When Suwol discovered from local environme groups that the spraying at her children's school was of the regular maintenance program, she was determi to take action. She helped create a coalition that incl ed parents, environmentalists, physicians, teachers health and policy experts committed to pesticide refo

Like Suwol, most parents understand that pestic are part of modern life, that many are hazardous. that it's important to protect children from them. W most of us don't know is that while we're bein careful to avoid dangerous chemicals at home, our dren may be exposed to high levels of them *(contir*

SCHOOLYARD

I'S HEALTH. YET ACROSS THE COUNTRY, KIDS ARE MICALS AT SCHOOL BY CAROL LYNN MITHERS



School grounds are treated with pesticides to keep them free of insects. A recent report revealed 2,300 cases where children were affected by pesticide exposure



Senator Patty Murray (D—Washington) speaks out in support of federal legislation that would bar schools from using dangerous pesticides

[illegible] school [illegible] a survey of forty-six state school districts, the California Public Interest Research Group found that 87 percent had used at least one of twenty-seven pesticides that health agencies believe can cause cancer, reproductive disorders, hormone disruption and neurological problems. In a 1993 survey, nearly 90 percent of New York schools reported administering pesticides; similar levels of use were found in Connecticut and Maryland. And a 1997 study of eighteen Massachusetts schools found that over 80 percent used pesticides monthly.

Even more frightening is a 1999 U.S. General Accounting Office report on school pesticide use that revealed 2,300 instances from 1993 to 1996 in which children had been affected by pesticide exposure at schools. In over 300 cases, medical care, sometimes including hospitalization, was necessary.

But now mothers like Robina Suwol are fighting back. Across the nation, an increasing number are confronting schools, districts and state legislatures with one demand: Make the spraying stop.

HEALTH HAZARDS

Of course, schools are treated with pesticides for perfectly good reasons—to keep classrooms, cafeterias and gyms free of insects and rodents, and grounds and playing fields lush and weed-free. But this practice may have severe health consequences for children. "Two of the most popular classes of insecticides in use today, organophosphates and carbamates, are intended to poison the nervous systems of insects," notes Philip J. Landrigan, M.D., M.Sc., a pediatrician and chair of the department of community and preventive medicine at Mt. Sinai School of Medicine, in New York City. Commercial pesticides also contain a number of inert ingredients—chemicals used to help dissolve, preserve or apply those that do the pest-killing. A 1991 report on pesticide use prepared for the New York State attorney general found that inerts "include some of the most dangerous substances known."

According to manufacturers and pest-control operators, pesticides that are used according to directions and handled by licensed applicators are quite safe. "These products undergo one hundred twenty very precise tests that are required by the Environmental Protection Agency [EPA] before they can be placed on the market," says Allen James, executive director of Responsible Industry for a Sound Environment (RISE), a trade association in Washington, D.C., that represents the pesticide industry. "We do not support the use of pesticides in [classrooms] that children are occupying. But when pesticides are used at night or on weekends, by the time students return, residue levels are either nonexistent or so low as to be insignificant."

But many scientists disagree. The residues from pesticides may vanish quickly outside, but things are different indoors, says Gina Solomon, M.D., senior scientist for the Natural Resources Defense Council, assistant clinical professor of medicine at the University of California, San Francisco, and co-author of *Generations at Risk* (MIT Press, 1999). *(continued)*

IS YOUR CHILD'S SCHOOL SAFE?

If you're concerned about pesticide use at your child's school, experts suggest the following strategies:

- Contact your congressional representatives and urge them to support the School Environmental Protection Act. This bill would require the safest methods of pest control to be used in and around al public schools.
- Do your homework, says Gregg Small, executive director of Pesticic Watch, in San Francisco. "Determir what's being used in your school district, and who's in charge of it." Call the school superintendent for that information if necessary. "Once you've got a name, request a meeting."
- "Your next step is to organize," says Kagan Owens, program direct at Beyond Pesticides/National Coalition Against the Misuse of Pesticides, in Washington, D.C. "Build a coalition of other parents local PTA, school-board members and local environmental and child advocacy groups."
- Establish your platform. If you'r lobbying your school district to adopt an Integrated Pest Management (IPM) program, gath information on IPM beforehand. Collecting signatures to support your goals and contacting the me are also useful tactics.
- Be persistent. "This is doable," emphasizes Ruth Berlin, who work to get her state to adopt IPM. "It just requires that parents come together and work."

For more information, contact Pesticide Watch at 450 Geary Street, Suite 500, San Francisco, CA 94102; 415-292-1486; *www.pesticidewatch.org*, or Beyon Pesticides/National Coalition Against the Misuse of Pesticides, 701 E Street, SE, Suite 200, Washington, DC 20003; 202-54 5450; *info@beyondpesticides.org*

Is anxiety overwhelming you?

I can't sleep. I'm worried. I can't concentrate. I'm so restless. My muscles ache. Why am I so irritable? I feel tense. I'm always tired.



t you, feeling crushed by an ught of excessive worry? Good there's something you can out it. A medication BuSpar can help.

've had overwhelming, nded worry and al of these symptoms x months or more...

tlessness
scle tension
uble concentrating
ep problems
tability
ling tired

doctor may tell you ou have Generalized ety Disorder (GAD).

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ar isn't right for everyone. Advise your doctor of any medications you may be taking cularly MAOIs) to avoid potential drug interactions. Some people may experience effects such as excitement, dizziness, nausea, headache, lightheadedness, and nervousness.

Please see important additional information on next page.

Relax, BuSpar can help you handle it.

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BuSpar
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[illegible] a patient taking a monoamine oxidase inhibitor (MAOI) may pose a hazard. Since [illegible] BuSpar was administered concomitantly with an MAOI, such concomitant use is not recommended. BuSpar should not [illegible]

PRECAUTIONS: General - *Interference with Cognitive and Motor Performance*: Although buspirone is less sedating than other anxiolytics and does not produce significant functional impairment, its CNS effects in a given patient may not be predictable; therefore, patients should be cautioned about operating an automobile or using complex machinery until they are reasonably certain that buspirone does not affect them adversely. Although buspirone has not been shown to increase alcohol-induced impairment in motor and mental performance, it is prudent to avoid concomitant use with alcohol. *Potential for Withdrawal Reactions in Sedative/Hypnotic/Anxiolytic Drug-Dependent Patients*: Because buspirone will not block the withdrawal syndrome often seen with cessation of therapy with benzodiazepines and other common sedative/hypnotic drugs, before starting buspirone withdraw patients gradually from their prior treatment, especially those who used a CNS depressant chronically. Rebound or withdrawal symptoms may occur over varying time periods, depending in part on the type of drug, and its elimination half-life. The withdrawal syndrome can appear as any combination of irritability, anxiety, agitation, insomnia, tremor, abdominal cramps, muscle cramps, vomiting, sweating, flu-like symptoms without fever, and occasionally, even as seizures. *Possible Concerns Related to Buspirone's Binding to Dopamine Receptors*: Because buspirone can bind to central dopamine receptors, a question has been raised about its potential to cause acute and chronic changes in dopamine mediated neurological function (e.g., dystonia, pseudoparkinsonism, akathisia, and tardive dyskinesia). Clinical experience in controlled trials has failed to identify any significant neuroleptic-like activity; however, a syndrome of restlessness, appearing shortly after initiation of treatment, has been reported. The syndrome may be due to increased central noradrenergic activity or may be attributable to dopaminergic effects (i.e., represent akathisia). ***Information for Patients*** - Patients should be instructed to inform their physician about any medications, prescription or nonprescription, alcohol, or drugs they are now taking or plan to take during treatment with buspirone, to inform their physician if they are pregnant, are planning to become pregnant, or become pregnant while taking buspirone, to inform their physician if they are breast feeding, and not to drive a car or operate potentially dangerous machinery until they experience how medication affects them. ***Drug Interactions*** (See **WARNINGS**) - *Trazodone*: One report suggests that the concomitant use of Desyrel (trazodone hydrochloride) and BuSpar may have caused 3- to 6- fold elevations on SGPT (ALT). *Haloperidol*: In normal volunteers, concomitant administration of BuSpar and haloperidol resulted in increased serum haloperidol concentrations. The clinical significance of this finding is not clear. *Amitriptyline*: After addition of buspirone to the amitriptyline dose regimen, no statistically significant differences in the steady-state pharmacokinetic parameters (C_{max}, AUC, and C_{min}) of amitriptyline or its metabolite nortriptyline were observed. *Diazepam*: After addition of buspirone to the diazepam dose regimen, no statistically significant differences in the steady-state pharmacokinetic parameters (C_{max}, AUC, and C_{min}) were observed for diazepam, but increases of about 15% were seen for nordiazepam, and minor adverse clinical effects (dizziness, headache, and nausea) were observed. *Triazolam/Flurazepam*: Coadministration of buspirone with either triazolam or flurazepam did not appear to prolong or intensify the sedative effects of either benzodiazepine. *Nefazodone*: In a study of steady-state pharmacokinetics in healthy volunteers, coadministration of buspirone (2.5 or 5 mg b.i.d.) with nefazodone (250 mg b.i.d.) resulted in marked increases in plasma buspirone concentrations (increases up to 20-fold in C_{max} and up to 50-fold in AUC) and statistically significant decreases (~50%) in plasma concentrations of the buspirone metabolite 1-PP. With 5 mg b.i.d. doses of buspirone, slight increases in AUC were observed for nefazodone (23%) and its metabolites hydroxynefazodone (17%) and meta-chlorophenylpiperazine (9%). Subjects receiving buspirone 5 mg b.i.d. and nefazodone 250 mg b.i.d. experienced side effects such as lightheadedness, asthenia, dizziness, and somnolence. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Other Psychotropics*: The concomitant use of BuSpar with other CNS-active drugs should be approached with caution. *Cimetidine*: Coadministration of buspirone with cimetidine was found to increase C_{max} (40%) and T_{max} (2-fold), but had minimal effects on the AUC of buspirone. *Erythromycin*: In a study in healthy volunteers, coadministration of BuSpar (10 mg/day) with erythromycin (1.5 g/day) increased plasma buspirone concentrations (fivefold increase in C_{max} and sixfold increase in AUC). These pharmacokinetic interactions were accompanied by an increased incidence of side effects attributable to buspirone. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Itraconazole*: In healthy volunteers, coadministration of BuSpar (10 mg/day) with itraconazole (200 mg/day) increased plasma buspirone concentrations (13-fold increase in C_{max} and 19-fold increase in AUC). These pharmacokinetic interactions were accompanied by an increased incidence of side effects attributable to buspirone. If the two drugs are to be used in combination, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Potential Interaction with Drugs That Inhibit Cytochrome P450 3A4 (CYP3A4)*: Buspirone has been shown *in vitro* to be metabolized by CYP3A4. Consequently, if BuSpar is to be used in combination with a potent inhibitor of CYP3A4, a low dose of buspirone (e.g., 2.5 mg b.i.d.) is recommended. Subsequent dose adjustment of either drug should be based on clinical assessment. *Protein Binding: In vitro*, buspirone does not displace tightly bound drugs like phenytoin, propranolol, and warfarin from serum proteins but may displace less firmly bound drugs like digoxin. However, there was one report of prolonged prothrombin time when buspirone was given to a patient also treated with warfarin, phenytoin, phenobarbital, digoxin and Synthroid®. Therapeutic levels of aspirin, desipramine, diazepam, flurazepam, ibuprofen, propranolol, thioridazine, and tolbutamide had only a limited effect on the extent of binding of buspirone to plasma proteins (see **CLINICAL PHARMACOLOGY** section). ***Carcinogenesis, Mutagenesis, Impairment of Fertility*** - No evidence of carcinogenic potential was observed in rats or mice, buspirone did not induce point mutations, nor was DNA damage observed, chromosomal aberrations or abnormalities did not occur. ***Pregnancy: Teratogenic Effects*** - Pregnancy Category B. Should be used during pregnancy only if clearly needed. ***Nursing Mothers*** - Administration to nursing women should be avoided if clinically possible. ***Pediatric Use*** - The safety and effectiveness have not been determined in individuals below 18 years of age. ***Use in the Elderly*** - The safety and efficacy profiles of buspirone in 605 anxious, elderly patients (mean age = 70.8 years) were similar to those in a younger population (mean age = 43.3 years). There were no effects of age on the pharmacokinetics of buspirone. ***Use in Patients With Impaired Hepatic or Renal Function*** - Since buspirone is metabolized by the liver and excreted by the kidneys, it is not recommended in severe hepatic or renal impairment. A pharmacokinetic study in patients with impaired hepatic or renal function demonstrated increased plasma levels and a lengthened half-life of buspirone (see **CLINICAL PHARMACOLOGY** section).

ADVERSE REACTIONS (See also PRECAUTIONS): *Commonly Observed* - The more commonly observed untoward events, not seen at an equivalent incidence in placebo-treated patients include dizziness, nausea, headache, nervousness, lightheadedness, and excitement. ***Associated With Discontinuation of Treatment*** - The more common events causing discontinuation included: central nervous system disturbances (3.4%), primarily dizziness, insomnia, nervousness, drowsiness, lightheaded feeling, gastrointestinal disturbances (1.2%), primarily nausea, miscellaneous disturbances (1.1%), primarily headache and fatigue. In addition, 3.4% of patients had multiple complaints, none of which could be characterized as primary. ***Incidence in Controlled Clinical Trials*** - Adverse events reported by 1% or more of 477 patients who received buspirone in four-week, controlled trials. *Cardiovascular*: Tachycardia/palpitations 1%. *CNS*: Dizziness 12%, drowsiness 10%, nervousness 5%, insomnia 3%, lightheadedness 3%, decreased concentration 2%, excitement 2%, anger/hostility 2%, confusion 2%, depression 2%. *EENT*: Blurred vision 2%. *Gastrointestinal*: Nausea 8%, dry mouth 3%, abdominal/gastric distress 2%, diarrhea 2%, constipation 1%, vomiting 1%. *Musculoskeletal*: Musculoskeletal aches/pains 1%. *Neurological*: Numbness 2%, paresthesia 1%, incoordination 1%, tremor 1%. *Skin*: Skin rash 1%. *Miscellaneous*: Headache 6%, fatigue 4%, weakness 2%, sweating/clamminess 1%. ***Other Events Observed During the Entire Premarketing Evaluation*** - The relative frequency of all other undesirable events reasonably associated with the use of buspirone in approximately 3000 subjects who took multiple doses under well-controlled, open and uncontrolled conditions is defined as follows: Frequent are those occurring in at least 1/100 patients; infrequent are those occurring in 1/100 to 1/1000 patients; and rare are those occurring in less than 1/1000 patients. *Cardiovascular* - frequent: nonspecific chest pain; infrequent: syncope, hypotension, and hypertension; rare: cerebrovascular accident, congestive heart failure, myocardial infarction, cardiomyopathy, bradycardia. *Central Nervous System* - frequent: dream disturbances; infrequent: depersonalization, dysphoria, noise intolerance, euphoria, akathisia, fearfulness, loss of interest, dissociative reaction, hallucinations, involuntary movements, slowed reaction time, suicidal ideation, seizures; rare: feelings of claustrophobia, cold intolerance, stupor, slurred speech, psychosis. *EENT* - frequent: tinnitus, sore throat, nasal congestion; infrequent: redness and itching of the eyes, altered taste, altered smell, conjunctivitis; rare: inner ear abnormality, eye pain, photophobia, pressure on eyes. *Endocrine* - rare: galactorrhea, thyroid abnormality. *Gastrointestinal* - infrequent: flatulence, anorexia, increased appetite, salivation, irritable colon, rectal bleeding; rare: burning of the tongue. *Genitourinary* - infrequent: urinary frequency, urinary hesitancy, menstrual irregularity, and spotting; dysuria; rare: amenorrhea, pelvic inflammatory disease, enuresis, nocturia. *Musculoskeletal* - infrequent: muscle cramps; muscle spasms, rigid/stiff muscles, arthralgias; rare: muscle weakness. *Respiratory* - infrequent: hyperventilation, shortness of breath, and chest congestion; rare: epistaxis. *Sexual Function* - infrequent: decreased or increased libido; rare: delayed ejaculation, impotence. *Skin* - infrequent: edema, pruritus, flushing, easy bruising, hair loss, dry skin, facial edema, blisters; rare: acne, thinning of nails. *Clinical Laboratory* - infrequent: increases in hepatic aminotransferases (SGOT, SGPT); rare: eosinophilia, leukopenia, thrombocytopenia. *Miscellaneous* - infrequent: weight gain, fever, roaring sensation in the head, weight loss, malaise, rare: alcohol abuse, bleeding disturbance, loss of voice, and hiccoughs.

POSTINTRODUCTION CLINICAL EXPERIENCE: Rare occurrences of allergic reactions (including urticaria), angioedema, cogwheel rigidity, dizziness (rarely reported as vertigo), dystonic reactions, ataxias, extrapyramidal symptoms, dyskinesias (acute and tardive), ecchymosis, emotional lability, serotonin syndrome, transient difficulty with recall, urinary retention and visual changes (including tunnel vision) have been reported. Because of the uncontrolled nature of these spontaneous reports, a causal relationship to BuSpar (buspirone HCl) has not been determined.

DRUG ABUSE AND DEPENDENCE: ***Controlled Substance Class*** - Not a controlled substance. ***Physical and Psychological Dependence*** - Buspirone has shown no potential for abuse or diversion and there is no evidence that it causes tolerance, or either physical or psychological dependence. However, since it is difficult to predict from experiments the extent to which a CNS-active drug will be misused, diverted, and/or abused once marketed, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of buspirone misuse or abuse (e.g., development of tolerance, incrementation of dose, drug-seeking behavior).

OVERDOSAGE: ***Signs and Symptoms*** - At doses approaching 375 mg/day the following symptoms were observed: nausea, vomiting, dizziness, drowsiness, miosis, and gastric distress. A few cases of overdosage have been reported with complete recovery as the usual outcome. No deaths have been reported following overdosage with BuSpar alone. Rare cases of intentional overdosage with a fatal outcome were invariably associated with ingestion of multiple drugs and/or alcohol, and causal relationship to buspirone could not be determined. ***Recommended Overdose Treatment*** - General symptomatic and supportive measures should be used along with immediate gastric lavage. No specific antidote is known and dialyzability of buspirone has not been determined.

U.S.A. Patent Nos. 3,717,634 and 4,182,763

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[illegible]

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Revised April 1999

PESTICIDES
Continued

Interior residues of chlorpyrifos
ly used to combat ants, fleas
roaches and termites) may lin
over four months, she says
while the herbicide 2,4-D, w
commonly used on athletic
doesn't last long outside, it ge
shoes and has been docume
houses months after the origina
sure." (A study by the EPA in
eighties found that indoor le
pesticides were "generally
100 times higher than those ou

Commercially sold pestici
subject to extensive testing, a
edges Solomon. The proble
says, is that the tests measure o
the chemicals will affect adu
it's children, adds Philip La
who "are far more vulnerable
effects. Pound for pound
weight, they drink more w
more food and breathe more
adults do. Their organs, whic
in development, are more su
to disruption. Their bodies are
to break down and excrete to

Substantial research links
to numerous health risks. A
the *American Journal of Publ*
found evidence to suggest th
of yard treatments and pest
home might be associated w
hood development of some
And as pesticide use has grow
U.S.—to around 1.2 billion p
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and childhood cancers, e
leukemia and brain tumors.

"A number of studies s
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director of the Center for
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"Given this evidence,"
Landrigan, "I believe there
possibility that chronic exp
affects children's nervou
causing permanent damage
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behavior. Minimizing exposure
; a prudent course of action."

SCHOOL SYNDROME

als can be especially dangerous
ols because they are not always
operly and safely. In 1989, a
town, West Virginia, school
pected after four years of com-
by students and teachers of fa-
eadaches, respiratory problems,
and numbness. The building
und to be contaminated with
ne, a chemical used to treat ter-
hat had been banned by the
e year before. Around the same
first-grader in Yakima, Wash-
nearly died after eating some-
at looked like sand under a tree
ool grounds. It was actually a
toxic pesticide applied to con-
ids on the school's maple trees.
ately, the boy recovered.) In
company renovating an ele-
y school in San Francisco
a germicide not approved by
w during school hours. And in
ber 1998, a termite exterminа-
yed pesticide inside rather than
Mt. Pleasant, South Carolina,
-school building, leaving the
walls and desks soaked.

s started getting headaches and
encing] dizziness," says Debbie
, forty-seven, of Mt. Pleasant,
daughter was in the class,
absent that day. "About ten
later, one of my daughter's
told me about a day when
been terrible-smelling stuff in
sroom and hallway. My daugh-
been complaining of headaches
tly, and I realized what had
ed. When I brought this to the
al's attention, he immediately
room tested, and high levels of
e were found. Finally, the car-
pulled up, the heating-duct air
hanged and the floors and walls
vith polyurethane."

of parental notification is all
nmon. A 1993 survey in New
ound that only 3 percent of
e's school districts that sprayed
es notified parents before they
in Massachusetts only 15 per-
the districts did.

Confronted with these problems, parents are taking matters into their own hands. In 1993, Ruth Berlin, fifty-one, an Annapolis, Maryland, psychotherapist, formed a group to urge schools to reduce pesticide spraying and to notify parents when they did spray. Her son, Jesse, had suffered health problems his doctors had diagnosed as an allergic reaction to pesticides. "When something hits you personally, you start moving," she says.

Ultimately, Berlin's coalition helped to get two bills passed limiting the use of pesticides on school property to times "when reasonable nontoxic options have been exhausted," and requiring that parents and staff are notified before any application and about any potential health effects.

SAFER SOLUTIONS

The pesticide industry warns that a radical decrease of pest-control products has its own risks. "It means children will be exposed to problem weeds such as poison ivy, to which some of them are allergic," says Allen James of RISE. "We're also very concerned about pests that spread serious diseases.

Pesticide opponents say there's a good alternative. Known as "Integrated Pest Management" (IPM), it deals with problems the old-fashioned way: ridding lawns of weeds by mowing or pulling them up; and controlling vermin by keeping food areas clean, removing trash, repairing holes and caulking crevices. If such prevention doesn't work, pests are eliminated with traps, predatory insects or innocuous chemical compounds, such as boric acid powder. If all else fails and a problem is severe enough, pesticides can be used with strict controls.

Even its most fervent advocates admit that IPM requires a great deal of work. But in schools where it has been used properly, it seems to be effective. For instance, since the Monroe County Community School Corporation, in Bloomington, Indiana, implemented an IPM program in the early 1990s, pest-control costs have decreased by 35 percent, and use of pesticides by 90 percent. And the University of California, *(continued on page 212)*


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Tell your doctor if you have liver or kidney problems, or are pregnant. Also, VIOXX should not be used by women in late pregnancy.

VIOXX has been extensively studied in large clinical trials. Commonly reported side effects included upper respiratory infection, diarrhea, nausea and high blood pressure. Report any unusual symptoms to your doctor.

ASK YOUR DOCTOR OR HEALTHCARE PROFESSIONAL ABOUT VIOXX.

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VIOXX is a nonsteroidal anti-inflammatory drug (NSAID) that is used to reduce pain and inflammation (swelling and soreness). VIOXX is available as a tablet or a liquid that you take by mouth.

VIOXX is a medicine for:
- relief of osteoarthritis (the arthritis caused by age-related "wear and tear" on bones and joints)
- management of acute pain in adults (like the short-term pain you can get after a dental or surgical operation)
- treatment of menstrual pain (pain during women's monthly periods).

Who should not take VIOXX?

Do not take VIOXX if you:
- have had an allergic reaction such as asthma attacks, hives, or swelling of the throat and face to aspirin or other NSAIDs (for example, ibuprofen and naproxen).
- have had an allergic reaction to rofecoxib, which is the active ingredient of VIOXX, or to any of its inactive ingredients. (See Inactive Ingredients at the end of this leaflet.)

What should I tell my doctor before and during treatment with VIOXX?

Tell your doctor if you are:
- pregnant or plan to become pregnant. VIOXX should not be used in late pregnancy because it may harm the fetus.
- breast-feeding or plan to breast-feed. It is not known whether VIOXX is passed through to human breast milk and what its effects could be on a nursing child.

Tell your doctor if you have:
- kidney disease
- liver disease
- heart failure
- high blood pressure
- had an allergic reaction to aspirin or other NSAIDs
- had a serious stomach problem in the past.

Tell your doctor about:
- any other medical problems or allergies you have now or have had.
- all medicines that you are taking or plan to take, even those you can get without a prescription.

Tell your doctor if you develop:
- ulcer or bleeding symptoms (for instance, stomach burning or black stools, which are signs of possible stomach bleeding).
- unexplained weight gain or swelling of the feet and/or legs.
- skin rash or allergic reactions. If you have a severe allergic reaction, get medical help right away.

How should I take VIOXX?

VIOXX should be taken once a day. Your doctor will decide what dose of VIOXX you should take and how long you should take it. You may take VIOXX with or without food

Can I take VIOXX with other medicines?

Tell your doctor about all of the other medicines you are taking or plan to take while you are on VIOXX, even other medicines that you can get without a prescription. Your doctor may want to check medicines are working properly together if you are tak medicines such as:
- methotrexate (a medicine used to suppress the immune
- warfarin (a blood thinner)
- rifampin (an antibiotic)
- ACE inhibitors (medicines used for high blood pressure failure).

What are the possible side effects of VIOXX?

Serious but rare side effects that have been reported in patie VIOXX and/or related medicines have included:

- Serious stomach- problems, such as stomach and bleeding, can occur with or without warning symptom problems, if severe, could lead to hospitalization or death this happens rarely, you should watch for signs that you this serious side effect and tell your doctor right away.
- Serious kidney problems occur rarely in patients taking N
- Severe liver problems occur rarely in patients taking NS your doctor if you develop symptoms of liver proble include nausea, tiredness, itching, tenderness in the r abdomen, and flu-like symptoms.

More common, but less serious side effects reported with VI included the following:

Upper and/or lower respiratory infection and/or inflammation
Headache
Dizziness
Diarrhea
Nausea and/or vomiting
Heartburn, stomach pain and upset
Swelling of the legs and/or feet
High blood pressure
Back pain
Tiredness
Urinary tract infection.

These side effects were reported in at least 2% of osteoarthrit receiving daily doses of VIOXX 12.5 mg to 25 mg in clinical stu

The side effects described above do not include all of the si reported with VIOXX. Do not rely on this leaflet alone for i about side effects. Your doctor or pharmacist can discuss w more complete list of side effects. Any time you have a medica you think may be related to VIOXX, talk to your doctor.

What else can I do to help manage my osteoarthritis pain

Talk to your doctor about:
- Exercise
- Controlling your weight
- Hot and cold treatments
- Using support devices.

What else should I know about VIOXX?

This leaflet provides a summary of certain information abou you have any questions or concerns about VIOXX, osteoarthri talk to your health professional. Your pharmacist can gi additional leaflet that is written for health professionals.

Do not share VIOXX with anyone else; it was prescribed onl should be taken only for the condition for which it was prescrit

Keep VIOXX and all medicines out of the reach of children.

Inactive Ingredients:

Oral suspension: citric acid (monohydrate), sodium citrate sorbitol solution, strawberry flavor, xanthan gum methylparaben, sodium propylparaben.

Tablets: croscarmellose sodium, hydroxypropyl cellulos magnesium stearate, microcrystalline cellulose, and yellow

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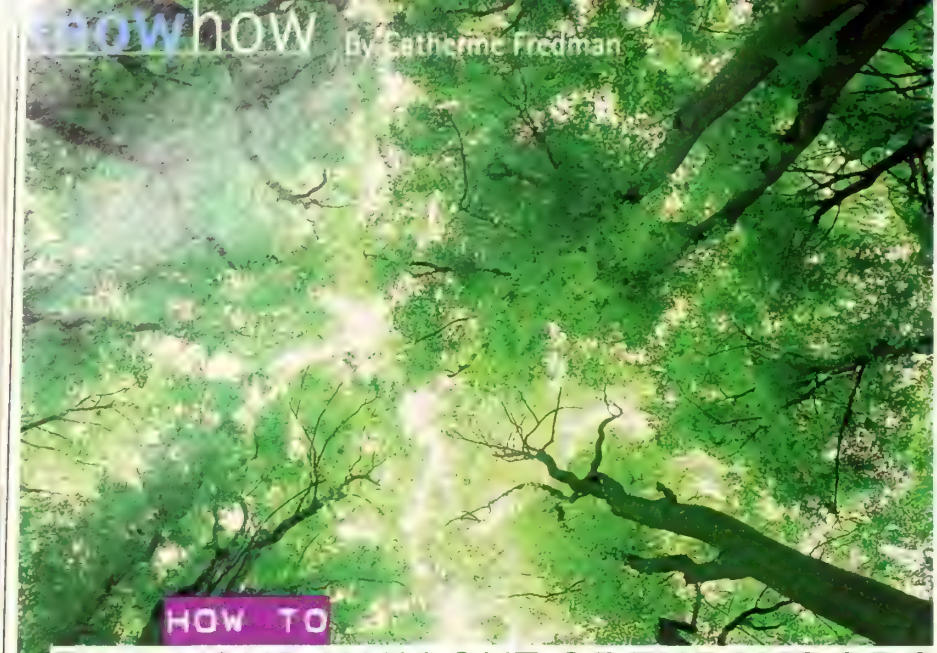


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howhow By Catherine Fredman



HOW TO

FIND YOUR WAY OUT OF THE **WOODS**

If you get lost, remember this: "You don't have to get back to where you started. You just need to get to people, wherever they may be," says Steve Hancock, Assistant Scoutmaster for the Boy Scouts of America and former member of the Tennessee State Mountain Rescue Team. Steps to rediscovering civilization:

- If there's a chance that there are people in the vicinity—or that someone will come looking for you—use the universal distress signal: three blasts on a whistle or three shouts in a row. The sound "hoo" carries farther than "help."

- Mark your home base, then slowly walk in a straight line in one direction, says John Gookin, an instructor at the National Outdoor Leadership School.

- Let's say you know there's a highway that runs east/west and that you're somewhere south of it. How do you figure out which way is north? Turn your watch into a rudimentary compass, says Hancock. Hold up a stick so that it casts a shadow directly on top of the hour hand. Halfway between the direction where the shadow is pointing and the 12 is due north. If it's daylight saving time, then north will lie between the shadow and one o'clock.

- Let topology be your guide. "Highways typically follow valleys," says Hancock. "Houses or towns are usually on creeks." And if you've truly lost any sense of direction, following a watercourse keeps you from going in circles.

HOW TO CLEA
YOUR **EARS**



"The cotton swab is the ener
of the people," says Anthony
Reino, M.D., assistant profess
of otolaryngology at New
York's Mount Sinai School of
Medicine. "It just pushes the
in more." To clean ears prope

STEP 1: Fill a bowl with wa
water. Suck the water into a
small bulb syringe, as you
would slurp up gravy with a
turkey baster.

STEP 2: Grasp the rim of on
ear and gently pull it out and
slightly back to straighten th
ear canal. Insert the tip of th
syringe just into the opening
Tilt your head over a sink, th
target ear facing down.

STEP 3: Squeeze the bulb to
shoot a stream of water into
the ear canal to hose off any
loose wax. The detritus will
float out with the water.

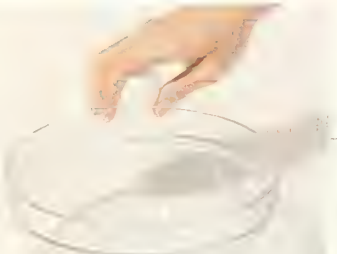
HOW TO CRACK AN EGG WITH ONE HAND

A firm grip and a sharp wrist-flick. That, says Richard Simpson, director of education at Peter Kump's School of Cul
Arts, in New York City, and egg-sheller extraordinaire, is the key to mastering this most impressive of culinary trick

1 Using your thumb and forefinger, grasp the egg toward one end. Position your pinky and ring finger toward the other end, with your middle finger in the center.



2 Give the egg an authoritative crack on the edge of a mixing bowl; timidity will only yield a bowlful of shell fragments.



3 Spread your thumb and first tw
fingers apart from your ring
finger and pinky. The shell will
split open, and the contents dr
neatly into the bowl.



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The Woman With The SIXTH SENSE



Best-selling author and medium Rosemary Altea has made a career out of communicating with the spirit world. What psychic messages did she have for LHJ's volunteers—and were they on target? **By Shana Aborn**

Remember that chilling moment in *The Sixth Sense* when little Haley Joel Osment whispers to Bruce Willis, "I see dead people"?

Well, Rosemary Altea sees them, too.

Altea made a name for herself in 1995 with her first book, *The Eagle and the Rose* (Warner Books), which described her ability to see and communicate with the spirit world. Since then, millions have read her work, seen her on TV and lined up for her lecture series.



As a child growing up in England, Altea says she was haunted by visions and voices. "It was terrifying," she says. "These adult faces would whisper to me at night, and I'd hide under the bedcovers. I'd hear footsteps on the street, but no one would be there. It was like being stalked."

When she was in her thirties, Altea met a fellow psychic who assured her that she was not only sane, but gifted. When she went on to study with paranormal experts, she "met" her spirit guide, Grey Eagle, an Apache shaman who, she says, helps her to interpret messages from the beyond.

However, Altea insists, we don't need a psychic to contact the other side. Her new book, *You Own the Power* (Eagle Brook/Morrow, 2000), claims that everyone has a sixth sense; it's just that most of us don't know how to tap in to it. The key is to become more attuned to our inner selves and our other senses to the point where we can be open to the spirits' messages.

SURROUNDED BY SPIRITS

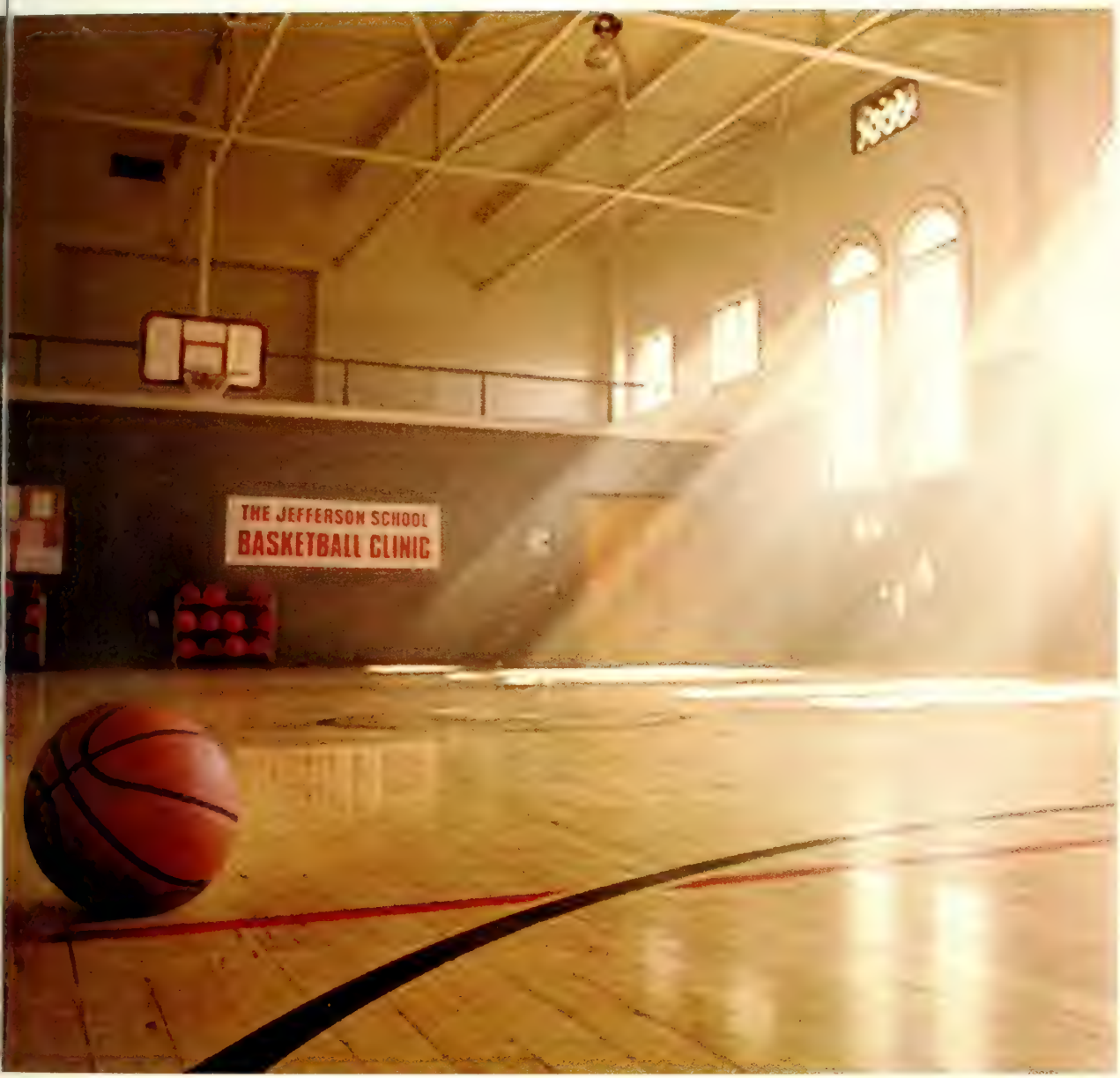
To find out what Altea can tell us, LHJ sent me and three other volunteers, Lori, Kelly and Mark, to meet her during her recent visit to New York.

(continued)

In the film "The Sixth Sense," a little boy is terrified by the ghosts who visit him. Rosemary Altea (below) was too—until she learned her visions were a gift. Now she brings people messages from the other side, and tells them how they can develop their own sixth sense

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continued

The four of us made a pact not to let slip any comments that might help make the reading more accurate. But Altea noted our reticence right away. "People try to test me all the time," she said with a laugh. "They sit still and won't say a thing. But it's not my job to affect your life or to please you. My only job is to be who I am."

For Altea, summoning the spirits didn't require any special ceremony. She didn't even dim the lights. She just interrupted herself in midsentence every so often to point out some unseen visitor standing nearby.

"There's a man standing next to you, touching your arm," she told Mark. "He died of cancer." (Mark's father had lung cancer.) A woman stood behind Kelly, smiling and stroking her hair. (Her mother passed away two years ago.) But these were very general descriptions, with no details that would identify anyone beyond the shadow of a doubt. When we asked Altea to tell us who these people were, she didn't know. "Sometimes, what needs to be said is more important than who is saying it," she replied.

Over my left shoulder, also running his fingers through my hair—folks on the other side do a lot of hair-tousling—Altea saw an older man who knew me when I was young, and who had some sort of difficulty breathing.

Later, I asked my parents about my paternal grandfather, who died when I was a child.

He had a bad smoker's cough.

"A RED SORE"

Altea turned to Lori first and said, "You doubt yourself so much. Why is that?"

Lori was caught off guard. "Why do you think I have self-doubt?" she asked.

"I don't *think* you have it; I *know*," Altea said. "You don't show it on the outside very often, but there is a side of you that is very clear to me. It's like a red sore that needs a salve, and I'd like to help you with it." Lori admitted that, yes, she could be more confident about certain things.

Then Altea shifted gears: "What do you want for yourself in order to be the best human being you can be?" Lori said, "To be more giving of my time; to be there for people; to be more loving." Altea cautioned her not to sacrifice herself to the point of becoming stressed out: "Give yourself personal time, too." Wise words, to be sure; still, a therapist could have come to the same conclusion without the help of a spirit guide.

Altea advised Lori to spend five minutes a day giving herself positive messages and affirming her goals. Lori came away disappointed. "I was hoping she would tell me something that only I would know," she says. "I had a baby last year, and it was the biggest event in my life. Why wasn't she seeing that?"

ROSEMARY ALTEA: "Something on your stairs needs to be fixed, because it's dangerous"

MARK: "My dad used to say, 'Those steps should be repaired before someone gets killed.' "

"RELATIONSHIP DANDRUFF"

Kelly asked Altea: "I'd like to kn if I'm going to get married."

The healer asked for a sheet of per and a pen, and proceeded to d the images that Grey Eagle showing her: two parallel lines widened at the end (represent Kelly's life path, she explained, w opportunities opening up). Then tea drew a large X in the cent which meant "a real mess," she s "You still have some unfinished b ness with a past relationship." Add some dots next to the she said, "You've got so dandruff there that's mu ing things up a bit."

Altea encouraged K to get rid of the guy—" the cord, snip, snip"— cause she was going meet Mr. Right one these days. "He does look perfect, but he's p fect for you," she said.

One might won whether Altea was just saying w she thought Kelly wanted to h Kelly, however, has no such dou though she admits to already bein believer. "I know my mother's sp is with me," she says, "and I sen someone was touching my hair e before Altea mentioned it."

The part about cutting the c also rang true. "My mother cut sa ples for designers, and it was so l her to express herself that way," K says. "I had been holding on to a lationship that had broken up ye ago, and my mother was adam about saying I should end it."

Kelly has since split for good w Mr. Dandruff, and reports that "I in a new relationship with a m who does seem perfect for me. W see if this one pans out."

BROKEN STEPS

Before Mark even had a chance ask his question, Altea said to hi "Do you have any involveme with a property with (continu

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1. How to Enter: Visit entree in Stouffer's "Real Home Cooking" Contest, P.O. Box 9427-R, Seattle, WA 98109. Entries must be received by July 10, 2000. All entries (including recipes) and all rights to use, reproduce and distribute the recipe and the product represented and/or inspired by such recipe become the exclusive property of sponsor and will not be returned. 2. Rules/Requirements: Recipes not meeting all of the following requirements will be disqualified. Your favorite family recipe must be a main entree or casserole which is not a Stouffer's®/Lean Cuisine® product. (See www.stouffers.com for list of Stouffer's/Lean Cuisine products.) Each recipe must be named, original, unpublished, the sole property of submitter and not previously submitted in any other contest. Ingredients must be listed in exact common U.S. household measurements in order of use, followed by step-by-step preparation instructions, cooking and baking times, temperatures and number of servings. Sizes of pots, pans and casserole dishes must be included. Your favorite family recipe must be typed or clearly printed on 8.5" x 11" paper. Include your full name, street address, city, state, zip code and phone number at the top of each page. (OPTIONAL: Photo of completed recipe.) Each recipe entry must include a written paragraph (150 words or less) describing the origin of the recipe, when you serve it and what it means to you and your family. Each recipe entry must include one UPC symbol (barcode) from any Stouffer's entree or side dish (residents of AZ, FL, MD and VT may omit UPC). Reproductions of UPC symbols will not be accepted. 3. Judging: Entries will first be judged on the basis of broad family appeal, adaptability to frozen food production, and history and tradition of recipe. Sponsor has no obligation to prepare and taste every recipe. Approximately 350 recipes will be re-judged based on the following factors: taste (40%), broad appeal to families (25%), appearance of completed recipe (25%) and history and tradition of the recipe (10%). 10 finalists will be chosen. The 10 finalists' recipes will then be rejudged based on the final four criteria and a Grand Prize Winner will be selected. 4. Prizes- 10 prizes will be awarded: 1 Grand Prize Winner will win the following: a new Stouffer's entree inspired by his or her recipe will be developed (winner's name & picture will appear on package), a year's supply (52 VIP coupons) of Stouffer's products (ARV $400), $10,000 cash, 6 Kenmore® premium kitchen appliances (ARV $5,000). 9 finalists will each win the following: a year's supply (52 VIP coupons) of Stouffer's products (ARV $400), $1,000 cash, and 1 Kenmore premium appliance (ARV up to $1599). 5. Eligibility & General Requirements: Contest void where prohibited or restricted by law. You must be a legal U.S. resident 18 years of age or older. Taxes are the sole responsibility of the finalists. Subject to official rules. For Official Rules: visit www.stouffers.com or send a SASE by 07/01/00 to Stouffer's "Real Home Cooking" Contest, P.O. Box 9427-R, Seattle, WA 98109.

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wooden or stone steps? Something on your stairs needs to be repaired, because it's dangerous. Please get it fixed; I'd hate for someone to break an ankle."

Then Altea asked, "Are you involved with another property?" As Mark said yes, she took another sheet of paper and drew a crude sketch of a house. "There seem to be emotional problems with it," she said. "There seems to be one person who's the obstacle to all this. But this shouldn't be that difficult. You need good legal counsel. Change your lawyer, then back off a bit emotionally. This is not going to hang on forever, I promise you."

As it happens, Mark and his wife had just had a house built, and his sales agent had been telling them for months that progress was stalled. Luckily, the closing date came through, so a new lawyer wasn't needed.

While Mark is still skeptical about the idea of contacting lost loved ones, he was more impressed with Altea than he expected to be. "I thought at first she might have been off the mark about the steps; the ones in front of my apartment house are cement, not stone," he reflects. "But they also lead right into the street with no gutter, and water flows right over the first step when it rains. In the winter, it can freeze into a sheet of ice."

He pauses. "My dad used to say, 'Those steps should be repaired before someone gets killed.' "

"ONE CHILD . . . THEN ANOTHER"

My turn was next. I asked: "Are there any children in my future?"

Altea cocked her head as if listening to someone. Finally, she said, "Have you had any connection with a hospital fairly recently—yes or no?"

I said yes, realizing that her question was a leading one.

"I see tears," Altea continued. "I see problems and frustrations. I see tests and more tests and more tears, and it's like going around in a never circle." She took my hand. through the same thing. I h miscarriages, and after I had my ter, Samantha, I lost another t I see a star shining, and stars m life. I see one child . . . and th another." Altea promised to pu her prayer list and send me a calming meditations.

I left the session more c than convinced. Yes, the ma previously described might ha my grandfather. But despite hi ing, he didn't die of lung dis more accurate reading wou mentioned his ulcers or his singing voice.

The part about tests, tears was right on the money, a f only a few people have know now. And if a sympathetic so to pray for me, that's somethin ly *can* believe in. But only time whether her prediction was rig

Still, I can't quite shake th that Altea's reading was based educated guesses than messag the afterlife. Wouldn't it be pr to assume that a woman in he asking about children would fertility problems, especially if been in a hospital? Or that s wanting to know about m would have some "dandruff" up? And who *doesn't* suffer se now and then?

Perhaps the true value of s Altea lies in their messages of h goodwill. Some people just n extra word of solace or an aff of what they already know their hearts.

As long as the concept of death remains scientifica proven, no medium, Altea i will make a believer out of ev As the saying goes: For tho believe, no explanation is n for those who do not, no exp is possible. ■

Shana Aborn is a senior editor at Ladies' Home Journal and the aut the upcoming book "30 Days to a More Spiritual Life" (Doubleday, August 2000).

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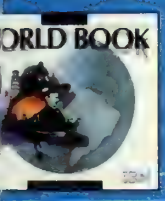
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laughing matter:

"We have women in the military, but they don't put us on the front lines. They don't know if we can fight, if we can kill. I think we can. All the general has to do is walk over to the women and say, 'You see the enemy over there? They say you look fat in those uniforms.'"

—Elayne Boosler

VIVA LA MARGARITA

On May 5 celebrate Cinco de Mayo, Mexico's national holiday, by inviting friends over for a perfect margarita. Just follow these tips from Matt Bines, bartender at the Fonda San Miguel restaurant in Austin, Texas, where they mix up 5,000 margaritas a year.

1. Fill a shaker with broken cubed ice.
2. Squeeze two lime wedges into the shaker.
3. Add 2½ oz. tequila. "Any brand of tequila is fine," says Bines. "With the Triple Sec and the lime juice flavors, you can't really taste the brand."
4. Add 1¼ oz. lime juice.
5. Add ½ oz. Triple Sec.
6. Add a splash of a flavored liqueur. "I use Orange Curaçao, but try a couple of different ones, like Midori Melon and Lillehammer Berry," says Bines.
7. Cover the shaker tightly and shake vigorously.
8. Rim your glasses with a lime peel and salt.
9. Pour the margarita and add fresh ice.
10. Blast the latest Santana CD and enjoy with mucho chips and salsa.



"How many times do I have to beep you?"

BURN, BABY, BURN

Ballroom dancing gets bold in *Burn the Floor.* Featuring twenty-two international champion ballroom couples, the show mixes standards like waltz and tango with hip-hop, street-style numbers. The idea was born three years ago when Elton John celebrated his fiftieth birthday by staging a supercharged display of ballroom dancing for his six hundred guests.



One, Australian creator and pr ducer Harley Medcalf (who al worked on *Lord of the Dance*), w so impressed he turned the id into a two-hour extravagan What's the show's secret? "T dancers' energy uplifts everybod says Medcalf. Catch *Burn t Floor* as it tours the U.S. throu mid-May, or check listings fo taped performance on PBS.



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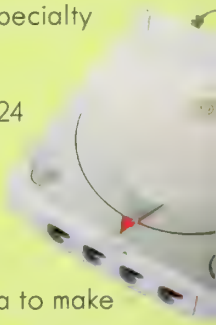
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MOTHERHOOD 2000

Moms know best: Raising kids isn't easy, but it's one of life's most rewarding experiences. In this special **MOTHER'S DAY** section, LHJ celebrates modern motherhood, from the thrill of giving birth to the challenges of raising an unspoiled son or daughter to the loving bond every woman shares with her child. So call the baby-sitter, sit down with a cup of tea, and enjoy

SPOILED Rotten?

Parents today are buying their children everything from video games and designer clothes to Pokémon cards and riding lessons. Are we indulging kids too much? Two mothers speak out



YES

BY DIANNE HALES

I have seen the future, and it is a spoiled brat. At the supermarket, a three-year-old huffs and hollers until her mother forks over a candy bar. At a dinner party, a pesky eight-year-old interrupts the grown-ups' conversation to demonstrate magic tricks that never quite work. ("Do applaud," his mother urges. "It's good for his self-esteem.") A neighbor confides that she and her husband can't afford to take a vacation this year. The reason: They're sending their teens to a sailing camp in Tahiti.

Sooner or later every parent I know—myself included—buys too much, gives too much, does too much for a child. Certainly, a candy bar or two never corrupted a kid's soul. But if more parents don't reinstate "no" into their vocabularies, the next generation may well turn into self-centered princes and princesses who expect to get whatever they want whenever they want it.

Why do so many of us overindulge kids? Guilt has a lot to do with it. A divorced dad may arrive bearing a Santa's load of presents. As a working mom, I wouldn't dream of returning from a business trip without gifts for my fourteen-year-old daughter, Julia. Mothers and fathers of all income levels, caught up in the whirl of a 24/7 world, often try to substitute presents for presence. And giving in—whether to a toddler's pleas to stay up late yet again or a grade-schooler's demands for a hot new video game—is often easier *(continued on page 116)*

NO

BY LYNN SCHNURNBERGER

In our extended family of doting relatives and single friends without ch dren of their own, any occasion is an excuse to send my eight-year- daughter, Alliana, gifts. Packages filled with electronic keyboards, talk globes and Barbie Dream Houses arrive for her birthday. At Easter, gets more chocolate than a Hershey's taste-tester. And then there was time her grandmother sent an 18-karat charm bracelet—for Hallowe But it's not just at the holidays that her toy chest runneth over. Last yea stood out in the biting cold for over an hour so I could be at the head the line when those funny-looking Furbys went on sale; and "Gap" the first word Alliana learned to read because she'd seen it on so m shopping bags. Yet she hasn't turned into the kind of kid who says "h soon?" every time she sees an ad for the latest $100 handheld video ga In fact, when she decided that she wanted an American Girl doll she that she knew it was expensive, and suggested she could dip into her s ings and do some extra chores to earn the money to buy one.

Whenever I hear someone say we're "spoiling" *(continued on page 1*


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SPOILED ROTTEN?

Continued from page 114

than trying to just say no.

Some parents, remembering their own less-bountiful childhoods, don't want to deny their beloved offspring anything—from computers to riding lessons to pricey designer clothes. Never having owned a Barbie of my own as a girl, I started buying the dolls, clothes and accessories when Julia was just a toddler. It was easy enough to rationalize: She's our only child, and we could afford to be indulgent.

What I didn't realize is that however much kids have—including, in Julia's case, a room that was practically bursting with Barbie paraphernalia—they still want more. Fortunately, Julia outgrew her Barbie phase, but not all kids get over the "gimmes." At one recent party, the twelve-year-old birthday boy, sitting before a mountain of games and gizmos, sulked because he hadn't gotten what he'd really wanted: his own big-screen TV.

Overindulgence also can take the form of overdoing. A frazzled friend spends the better part of her days shuttling her children to different schools, practices, games and meets. "Why don't they take the school bus?" I ask. "They'd have to get up ten minutes earlier, and they have a hard enough time in the morning as it is," she explains. A father I know stayed up all night, working on his son's science project. "He'd be devastated if he didn't get an 'A,'" he says. Trying to buffer their children from hurts, parents intercede to get them invited to a party or included on a team.

While loving or doing too much may seem trivial transgressions, they're not. "Parents who overindulge children become tyrant makers," says Doris Wild Helmering, L.C.S.W., a psychotherapist in St. Louis, and the author of *Sense Ability* (William Morrow, 1999). "A generation ago, parents came first. Mothers and fathers rode in the front seat of the car. Now I see kids demanding to sit up front, and Mom gets in the back. At fifteen, these kids are telling parents, 'I hate you.' Then they say, 'Buy me a car.'

WHAT KIDS HAV IN THEIR BEDRO

(in percentages)

A radio: 70
A tape player: (
A TV: 53
A CD player: 51
A video-game player: 33

And parents give in to them."

Pampered children lose out long run. The more that pare dulge their youngsters, the less tunity kids have to develop th they need to become successful Children showered in gifts just b they're wonderful don't hav incentive to set goals and worl Those whose parents immed drop everything when they into the room *(continued on pa*

ON THIS
MOTHER'S DAY,

I WAS MIXED INTO
A DELICATE TREAT
BY A SPECIAL GIFT.

A GIFT WITH
ENDLESS POSSIBILITIES.



ued from page 114) our children
minded of those humorless Puri
n tall black hats and buckled
to whom joy was an anathema
a loves getting presents—who
't?—and I love buying them for
What tremendous fun to watch
ve into a box of Legos and then
the floor and play with her! I'm
hat she's interested in art, ice
g and drama, and that we can
er classes in these activities. We
ball last summer watching her
ut her big dance number "It's a
Great Thing to Be a Plumber"
holding a plunger and doing
ette-like high kicks; more impor-
o did she. It's a mistake to equate
g pleasure with being spoiled. A
d child, or adult for that matter,
who's totally self-involved. And
kes a lot more than a bunch of
chool lessons or a couple of mis-
d trips to Toys "R" Us.

no duffer in the giving depart-
, but I like to think that the
st gift my husband and I have
Alliana is values. We make it clear that presents don't just fall from the sky, and that if she takes classes or lessons, she has to stick with them—in short, that she's lucky, not entitled, to have these privileges.

If anything, Alliana and her friends are less indulged than I was as a child, growing up in the fifties. At whatever cost to my mom—and in her case I believe it was great—I had a stay-at-home parent who was always waiting after school to talk about my day. (Notice I didn't say talk about *her* day. It never occurred to me that she had one.) And while my mother was at my beck and call, in today's two-career households, the parents I know are scrambling to find time to fit our kids into our busy schedules.

Then too, as a child, I had the luxury of living in a fairy-tale world where parents never got divorced. I never saw homeless people on the street or pictures of starving children on TV. For better or for worse—I wish they didn't have to know about these things quite so soon—kids now are far more aware of the world around them than I ever was. And they're more good-hearted. This year, the kids in Alliana's third-grade class decided to give the holiday presents they usually exchange with each other to the fire department's toy drive for the needy. And when they heard that a nine-year-old girl in our town was battling cancer, school kids *(continued on page 118)*

WHAT KIDS HAVE IN THEIR BEDROOMS

(in percentages)

A VCR: 29
Cable or satellite TV: 24
A computer: 16
Premium cable: 11
Internet access: 7

Source: Kaiser Family Foundation, 1999



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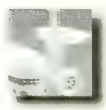
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(continued from page 116) conclude that nothing and no one is more important than they are. Kids perpetually buffered from the setbacks of childhood never build up their "struggle muscles" and learn to pick themselves up to try again.

I saw this firsthand when Julia spent much of the volleyball season last fall sitting on the bench. I had to resist the urge to call her coach. Initially crestfallen, Julia ended up philosophical about the experience: "At least I was able to be there for my friends," she said. "And there's always next year." If I'd butted in, she might have had a tougher time dealing with the next disappointment.

Kids aren't the only ones who suffer the consequences of overindulgence. Years of kowtowing and catering to every whim leave mothers and fathers exhausted and exasperated. A friend recalls a Saturday morning when she was cleaning the kids' bathrooms while her fourteen-year-old was skateboarding and her twelve-year-old was surfing the Web. "At that moment, something clicked, and I decided their free ride was up. I rounded up the kids and declared, "I am not your slave!" They looked at me in utter amazement; they did not have a clue as to why I was so upset. After all, I'd catered to them for years, so what was my problem now?" Her new slogan: Never do for kids anything they can do for themselves.

How do you know if you've been overindulging your children? Look at their rooms: Are they stuffed with things you probably never should have bought? Can you measure the amount of time they play with a new toy in minutes rather than months? Even more important, look at their behavior. Do they demand the first turn or biggest piece of the cake? Do they feel entitled to special treatment? Do they explode if they don't get exactly what they want? If so, you're guilty of creating what one friend calls "another evil little emperor."

Parents often fear their children will love them less if they don't give them more, but that's not the case. Nothing that a parent can buy or do for a child means as much as saying "I love you." Fortunately for all of us, affection is something that parents can never give—and kids can never get—enough of. ■

Dianne Hales is a contributing editor to Ladies' Home Journal.

Parents often feel that their children will love them less if they don't give them more

(continued from page 117) took it upon themselves to organize bake sales, read-a-thons and basketball games to raise money for her treatment.

I'm not saying that children are never whiny or demanding about things—it's too easy to think of times when they are. But I'll wager a set of Baccarat crystal goblets that those who regularly storm into their rooms sobbing aren't doing it because you won't buy them a set of Tinkertoys. They're crying out for the one thing they're lacking and really need—more of your time and attention. You can't spoil a child simply by giving them a Game Boy. But you can by thinking that having a Game Boy will replace time with you.

I'm speaking from experience. If you want to see what happens when kids don't get the right kind of parental attention, come to one of the art classes I teach for foster children. These kids who have suffered years of abuse and neglect have little self-esteem and are desperately lonely. Six-year-olds don't know how to use scissors because no one has ever shown them; twelve-year-olds are looking for boyfriends and having babies so they'll have someone to love. Of course, their cases are extreme. But if someone in their lives—a teacher, a social worker, a foster parent—doesn't make a connection, foster children end up being "spoiled" in the truest sense of the word—they are unable to have productive, loving lives.

So stop worrying whether children will be spoiled if you give them ten presents instead of eight, or if a trip to Disney World will send them down the path to destruction. If you bless your child with a clear sense of right and wrong and you're there to listen and cover her with kisses, there's no need to run off to the ashram and renounce your worldly goods. I'd rather see our kids getting too many Pokémon cards and too much love. The alternative is just too bleak. ■

Lynn Schnurnberger is a contributing editor to More magazine.

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LABOR Days

Giving birth to a baby is a blessed event. But as these three expectant mothers proved, it pays to expect the unexpected! By Nancy Kalish

BOY, WAS HE SURPRISED

On July 5, 1999, Diane Kauffman, 31, of Toms River, New Jersey, was one day past her due date. But a visit to her doctor determined that her cervix was only two centimeters dilated. Diane was told that the discomfort was constipation and sent home with her husband, Kurt. As she soon discovered, however, the doctor's diagnosis was a little off.

Diane: I didn't feel constipated. But the doctor insisted I was. So, like a good girl, as soon as I got home, I tried to go. Then I tried again. And again.

Kurt: Poor Diane, it was definitely a no-go situation.

Diane: I couldn't sleep, and my comings and goings were disturbing Kurt. So at around five A.M., I decided to take a magazine to the bathroom downstairs and read until nature finally took its course. Well, no sooner had I sat down on the toilet than I suddenly felt the baby's head between my legs! I realize now that every time I'd strained to go to the bathroom, I must have been pushing the baby out. My first thought was: Oh, my God, they should never have sent me home. My second was: I better get Kurt. I started screaming for him, but got no answer.

Kurt: [sheepishly] It was a hot night, and I had the air conditioner on full blast.

Diane: After a minute or two, I realized he wasn't coming, but the baby was—and fast. Luckily, I wasn't in very much pain. But the bathroom was so tiny, I couldn't even lie down. So I just sat there, telling myself not to panic, and in two or three minutes, the baby just slid out into my hands. She was very pale, but she gave a soft little cry, and I knew she was okay. Then I started yelling for Kurt again.

Kurt: I still didn't hear her.

Diane: So I wrapped the baby in a towel and hobbled out to the kitchen to call 911. Meanwhile, I was still yelling for Kurt.

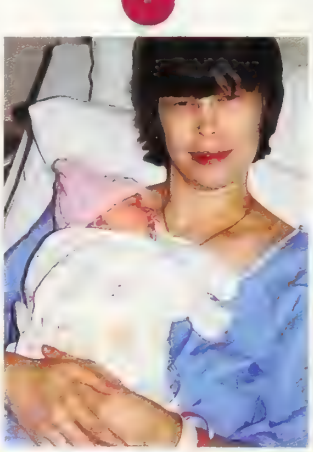
Kurt: Finally, I heard her.

Diane: He's like, what do you want? So I said, "I had the baby!" And then I hear this thud. Kurt was so stunned that he fell down the last six stairs!

Kurt: I was a little excited, okay?

Diane: Then an ambulance came, but I was sort of sorry to go to the hospital. Ultimately, it was a wonderful delivery. I'd definitely consider another home birth—just not another *bathroom* birth.

At the hospital, Diane got to sign the birth certificate twice—once as the mother and once as the person who delivered the baby, Deborah.



Diane Kauffman, a very tired mom, and the fruit of her labor

MIRACLE AT MIDNIGHT

It was December 31, 1998, and Monica Droddy, 31, from Leonardtown, Maryland, a single mom who was eight months pregnant with her second child, had promised she would ring in the new year at her parents' house. Her daughter, Amanda Marie, eight, was already there. So at eleven-thirty P.M., she began the short drive over alone. But then she had an unexpected change of plans. . . .

Monica: I'd been on the road all of ten minutes when my water broke. Within five minutes, I was in such horrible pain that I knew I'd never make it to the hospital. So I pulled over in front of a row of houses. I was in a total panic, but for some reason I ran to the house that was farthest away.

Joyce Ware: She was banging on the door and screaming so loudly, I thought she was a maniac. But then I saw *(continued)*

How to m...







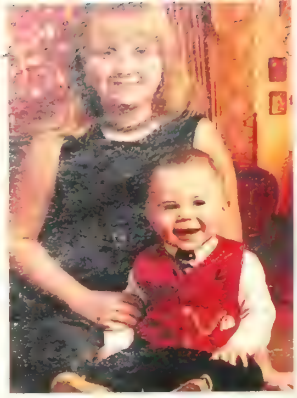


BIG K

ARTHA STEWART EVERYDAY HOME HAS EVERYTHIN... FOR EVERY KIND OF BED



In a scary situation, Monica Droddy made a lucky decision



Big sister Amanda, and miracle baby Jacob

continued she wasn't crazy, just very pregnant, and I let her in.

Dianne Minter (Joyce's daughter, who was visiting): I woke up to hear my mom yelling, "Come quick; a woman's having a baby downstairs!" So I ran to the foyer, and there was Monica, screaming in pain.

Monica: I've never been so scared in my life!

Dianne: But I said, "Calm down. I used to be a labor and delivery nurse."

Monica: I couldn't believe it! That's when I knew that God led me to that house.

Dianne: I told my mom to call 911. Then I asked Monica when the baby was due. When she told me it wasn't for another five weeks, my heart sank.

Monica: I also told her that a sonogram had shown that the baby was breech.

Dianne: And my heart sank even further. Although I'd assisted in a million deliveries, I'd never done one myself—let alone with such difficulties. I was praying for that ambulance.

Monica: But Dianne didn't let on to this. She stayed calm and by my side.

Dianne: I knew that if I panicked, it would make her even more hysterical.

Joyce: Dianne was like a general leading the troops. She had me and my other daughter in the kitchen smashing ice cubes so Monica would have chips to suck on. She had my son-in-law holding Monica's head and coaching her through her contractions.

Dianne: Then I made the mistake of asking my dad to get me some sheets. He started ripping sheets off the beds—including the top sheet of the bed where my husband was still sleeping! He brought them all over, including his pillow. I said, "Can I have some *clean* sheets, please?"

Joyce: I directed him to the linen closet.

Monica: The ambulance arrived, but I panicked again at the thought of being separated from Dianne.

Dianne: Well, she didn't have to worry. At that moment, the baby's head crowned. So I put on a pair of surgical gloves and took a breath. I was very scared. Monica had told me that she had high blood pressure, which could cause a ruptured placenta or a stroke. But we couldn't get a reading because she was having so many contractions. Then the baby came out. And though he wasn't breech, the cord was around his neck.

Monica: When I didn't hear the baby cry, I feared the worst.

Joyce: Monica was screaming, "Is he okay? Is he okay?"

Dianne: Meanwhile, I was telling the paramedic that I needed something to cut the cord. But he was just standing there, staring, so I had to say: "I need it *now*."

Joyce: That got him moving.

Dianne: I cut the cord and gave the baby oxygen . . .

Monica: . . . and he finally started crying . . .

Dianne: . . . and we knew he would be okay.

Monica: I couldn't thank Dianne enough. She put the baby on my chest, and the ambulance finally took us to the hospital.

Dianne: That's when I breathed a sign of relief—until I looked down and realized what I'd been wearing during the whole thing: these revealing red shorty pajamas from Victoria's Secret!

Joyce: It was a New Year's Eve to remember, all right.

When Dianne went to visit Monica and baby Jacob in the hospital the next day, Monica was still using the pillow Dianne's dad had given her from his own bed. Jacob, who weighed in at 4 pounds, 12 ounces, was released one week later in good health. ■

SEEING DOUBLE

It's no surprise to their friends that twins Sandy Dahm-Schell and Susie Dahm-Gray, 35, from Swansea, Illinois, have always done everything together. They work for the same company, got married on the same day (although 6 years apart) and have husbands in the same profession (engineering). And just last year, they found out they were pregnant on the same day and were given the same due date. But friends and family were nonetheless amazed when the pair pulled off their latest twin trick: delivering their babies within hours of each other at the same hospital!





Timing is everything: Susie, left, and Sandy, above, along with their families

How to make a bed









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From *Leave It to Beaver* to *Roseanne*, a mother's role has been transformed

MOTHERHOOD Through the Decades

Five noted writers reflect on the triumphs and tribulations of raising kids over the last fifty years

'50s

ENDLESS SUMMER

BY MARILYN FRENCH

In my memory, the Fifties is an eternal summer and I am happy. I see myself relaxing with iced tea and a cigarette on our terrace with Muriel, who lives next door. Like me, she has two small children. In my memory, the children never fight or cry, and the women are always smiling.

Of course, the children did fight and cry. And while we devoted ourselves to motherhood, our voices sometimes frayed with frustration. We needed to believe the life we led was meaningful, but society didn't value our work. Every day, we prepared meals—five for babies, three for children, a separate childless dinner for a husband. And we dressed the kids and corrected their behavior. We were the household servants. Still, we knew that without us, our husbands could not function in the world and our children would die. That was powerful motivation.

Some women struggled with other roles. Two of us viewed ourselves as intellectuals trapped in domesticity. I longed to teach and wanted to be recognized as the person I thought I was, not the one society wanted me to be.

What hurt my generation most was the suppression of self; this has been widely discussed. But one consequence of that suppression is less known. To prove we were not drowning in motherhood, many of us concealed our love for our children under a facade of toughness. Many a Fifties mother treated her children offhandedly, speaking of "the kids" in a moan. I didn't do this, so friends said I was spoiling my kids.



Judging by the events of several decades later, when most women were working for pay and divorce was common, one can surmise that many Fifties mothers were dissatisfied with their narrow lives. Yet women could and did handle everything. We were the stage managers, painting the scenery, finding the props, hammering nails in two-by-fours to keep the set up. And I still believe in the importance of that job.

Marilyn French's most recent book is "A Season in Hell" (Knopf, 1998).

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'60s

BY ANNE ROIPHE

When my first child was born, obstetricians routinely used enough anesthesia to knock out a Marine battalion. Mine called me Anne, while I called him Dr. Klempner. He patted my hand when I asked a question. There were no fathers in the delivery room. Men waited in lobbies, and when it was over they gave out cigars. My mother thought it was radical of me to breast-feed the baby. "She'll starve," she said. The year was 1960. I was twenty-four.

Experts said mothers were responsible for the psychological well-being of their children. This was to be our life's work. I had once thought of writing and journalism, but I knew that my baby was my destiny, and my worth would be judged by how well she thrived. Each mother knew that if her child developed a tick, a stammer, a fear of vacuum cleaners, or excessive shyness, she would be blamed.

I read Dr. Spock from cover to cover. I tried not to create a trauma over toilet training or bedtime. It was hard. My marriage erupted and my spouse elected not to be a father, so I was alone with my child. What had I done? Guilt accompanied me to the park and the market.

Then the Sixties bloomed and some women were talking about the virtues of not having children at all. There was a sudden rush of excitement as the feminist movement surged. I gave my girl child trucks to play with. I gave her stethoscopes and telescopes and erector sets.

I married again and had another child in 1968. This one I had by natural childbirth. This time I wasn't alone. Major mental illnesses and questions of disposition had been declared the products of genes. This time I didn't think the child was my life's only work. I was happy.

Anne Roiphe is the author of "1185 Park Avenue: A Memoir" (Free Press, 1999).

"I knew that my baby was my destiny, and my worth would be judged by how well she thrived"

'70s

LIBERATING MOM

BY LETTY COTTIN POGREBIN

When I married, I was the sort of wife who baked my own bread for my turkey stuffing. When my twin daughters were born, I was the sort of mom who quit her job because that's what you were supposed to do, even if you loved your work. I kept busy around the house but went stir-crazy anyway. When the twins were four months old, I returned to work (guiltily but gratefully) and tried to Do It All.

Then the fires of feminism lit up the sky. Good-bye to biology-is-destiny, hello to reproductive choice; good riddance to the patriarchal family, hurrah for egalitarian parenthood. And good-bye to guilt! In a burst of courage and candor, women began telling the truth about their lives. I was relieved to discover that many had been torn between maternal love and the world beyond the home. I was not alone.



Relieved of layers of sentimentality, motherhood could be discussed openly, its ambivalences aired, its mythology challenged. If our role is so sacred, we asked, why are so many mothers belittled, stereotyped, and living in poverty? If rearing children is such a vital and rewarding task, why shouldn't men do it, too?

Some men were grateful to be asked. My husband saw that he stood to gain a lot from more hands-on involvement with our, by then, three kids. I saw that I had to give up some domestic power in return for the pleasure of seeing him dive in on the home front. One night, he stayed up tending to a sick child. The next night, when the child awoke and called for Daddy, I felt pleased, not preempted.

Now that my daughters are working women, wives, and mothers, I relish watching them rear their kids side by side with their husbands, young moms leading rich, balanced lives largely because of the revolution that my generation set in motion nearly thirty years ago.

Letty Cottin Pogrebin's latest book is "Getting Over Getting Older" (Berkley, 1997).

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'80s

BY PAMELA REDMOND SATRAN



In 1985, I worked at a company full of childless women. I had just gotten pregnant and I knew I didn't want to be like my co-workers, but I didn't want to be like my stay-at-home mother, either. I wanted children *and* a career.

If I was to keep working after I had my baby, it could only be full-time. My boss, who'd sacrificed motherhood to her career, wasn't open to a longer leave. Six weeks after giving birth, still wearing my baggy Laura Ashley dresses, I was due back on the job.

Was I reluctant to leave my infant daughter? I'm afraid to tell the truth and say no. I was more afraid of staying home and turning into my mother, a bored, frustrated, often angry woman whose energy seemed to have no productive outlet. I wanted to be a calmer, more satisfied mom. As it turned out, I was just as thrilled to go to my office as I was to come home to my baby.

The trouble was, I had no clue what I was doing. The prevailing wisdom on working motherhood was to pretend your child didn't exist. Men didn't rush out the door at five P.M. because they had kids; neither should women, if they wanted to be taken seriously. But it was tough to pretend I was a man—or a childless woman—when I was leaking breast milk.

Looking back on this era I feel exhausted, but I don't wish I'd stopped working. My daughter was happy, my career was thriving, and despite the punishing schedule, I felt as if I'd become the mother I always wanted to be.

Pamela Redmond Satran is co-author of "Beyond Jennifer & Jason, Madison & Montana" (St. Martin's, 1999).

"I was afraid of staying home and turning into my mother, who was bored, frustrated and often angry"

'90s

HAVING A LOT

BY MEG WOLITZER



I was shocked at the sudden, dramatic changes in my life after my first son was born in 1990. Despite the articles that assured me I'd be able to be a mother *and* have a successful career, enjoy friends, and still read nineteenth-century novels, my time was being sucked away from me.

Now that the decade has ended, I find the idea of being able to perfectly balance motherhood with work and personal freedom about as dated as a pair of Earth shoes. As far as I could tell, motherhood in the Nineties wasn't about having it all, but it was about having *a lot*. Almost all of the women I know (myself included) started having kids after thirty. Waiting this long allowed me to achieve professional success so I could take a breather and have a baby. That "breather" turned out to be a joke.

Sometimes, when I look around at the chaos of my home—this place filled with battery-operated aliens and piles of my own books and papers—I feel overwhelmed. Yet I also feel satisfied, now that I've been able to let go of my dream of having a perfectly run life.

Still, there are constant choices to be made: Which do I skip, the business trip or the kindergarten open house? These difficult decisions have left me prone to spasms of guilt, fears that I've hurt the people I love—or irrevocably damaged my career.

But at least I almost never feel that something's terribly wrong if I can't find a way to have everything I want when I want it. Most of the Nineties mothers I know possess the patience gene and the compromise gene. I only hope I've passed on those genes to my children. ■

Meg Wolitzer's most recent book is "Surrender, Dorothy" (Scribner, 1999).

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My Daughter The STAR

The mothers of young celebrities are getting into the act. Meet five women who managed their daughters' way to the top

By Rebecca Ascher-Walsh



PAULA HART, MOTHER OF ACTRESS MELISSA JOAN HART

WHAT SHE DOES: Manages Melissa's career, produces TV shows and movies, mothers seven children (the youngest is still in diapers).

GREATEST SUCCESS: Melissa had appeared on *Romper Room* and Nickelodeon's *Clarissa Explains It All*. Then, in 1996, Paula developed a TV movie for her daughter from a comic book, *Sabrina, the Teenage Witch*, which was picked up as a weekly series by ABC. "That was a real feather in my cap," says Paula.

THE ULTIMATE COST: Her marriage. "I had a husband who was not involved [with Melissa's career]," says Paula, who later divorced him. (Her new husband, Leslie Gilliams, is a production executive at her company.)

BIGGEST CHALLENGE: Learning to let go of twenty-four-year-old Melissa. Says Paula, "She went to a party at the Playboy mansion, and I wasn't thrilled about that. I said, 'Just make sure you keep your clothes on.'"

SHE'S THE BOSS: On the set of *Sabrina*, Paula says, "I'm the boss." But any differences of opinion she and Melissa have are settled by suppertime. "It's taken me a long time to earn a reputation as a producer," Paula explains, "but I know I'm a good mom."



DEBBIE MARTIN, MOTHER OF ACTRESS KELLIE MARTIN

WHAT SHE DOES: Forty-eight-year-old Debbie gave up teaching kindergarten to manage her daughter's career and produce TV projects.

HER DAUGHTER'S FIRST BIG BREAK: When she was seven, Kellie told one of Michael Landon's kids that she wanted to act (Kellie's aunt was a nanny for the Landons). Landon offered her a part on the TV drama *Father Murphy*. Roles on *Life Goes On*, *Christy* and *ER* followed.

TRICKIEST MOMENT: Producing movies her daughter stars in. "I'd come onto a set and she'd say, 'I'm not wearing this outfit.' As a producer, you'd tell your actor to put her clothes on, but as a mother, you say, 'Well, you can see right through those clothes.'" Now Debbie sends her daughter to duke it out with the wardrobe department.

FAMILY MATTERS: "My husband said that show business had changed us," she says, "but it broadened my life." They're now divorced.

BIGGEST CHALLENGE: Getting Kellie, twenty-four, who married law student Keith Christian last year, to take more responsibility for herself. "I felt like Kellie should be a part of decisions that I had always made for her," says Debbie, "but she didn't have the time or the inclination."

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SONJA NORWOOD, MOTHER OF SINGER/ACTRESS BRANDY

WHAT SHE DOES: Forty-seven-year-old Sonja, along with her husband, Willie, manages Brandy, twenty-one, and oversees her finances.

WHY SHE DOES IT: "I had been a district manager at H&R Block, so I had management and business principles in order," says Sonja. "My husband and I had spent years investing morals and principles in Brandy, and we couldn't afford to let someone else come in and snatch those things from her."

THE PAYOFF: Brandy's self-titled first album, which came out when she was fifteen, sold more than four million copies; its follow-up, released in 1998, went double platinum. Today, Brandy stars in the TV sitcom, *Moesha*.

BIGGEST CHALLENGE: Dealing with a teenager. "It was a big shock when I started to see a lot of rebelliousness. Her phone bill would be horrendous, and then guys became a part of the picture, and it was like, 'Oh, my goodness.'"

ALL IN THE FAMILY: Sonja has the full support of her husband. "When you've been married as long as we have, the love and the foundation is always there," she says.

BEST CREDENTIAL: Being an entire entourage in one. "When a person sees a mother as a manager, they automatically assume that we can't do the job, but from the beginning, we've been everything to our children—their hairdresser, their stylist, their counselor," says Sonja. "So how can you say I'm not able to guide my child?"

NEDRA CARROLL, MOTHER OF SINGER/ACTRESS JEWEL

WHAT SHE DOES: Manages twenty-five-year-old Jewel's music and acting careers and helps to guide her. "Jewel went through a period [as a teen] when she was uncertain about her future. I said, 'Find your passion, then I'll help you,'" Nedra remembers. An artist and singer, forty-nine-year-old Nedra suggested that Jewel meditate on her goals: "She came back and said, 'I want to sing.'"

REALITY CHECK: To cut costs, Nedra and Jewel spent months living out of vans while Jewel played a coffeehouse in San Diego.

[illegible] In 1993, when Jewel got a recording contract with Atlantic, she hired someone else as her manager. "Everyone said to her, 'It's not a good idea to have your mom manage you; she'll ruin your career,' so I stepped back," says Nedra. "It's an age when kids are separating from their parents anyway, and it served that purpose as well."

BEST REWARD: When Jewel hired Nedra eight months later. "She knows I have quite an ability to develop teams, and an artist has an enormous team working with her," says Nedra. "Jewel said to me, 'With you, I never have to wonder what the agenda is.'"

MOTHER-DAUGHTER CHALLENGE: Respecting each other's differences. "She's a night person, and I'm a morning person," says Nedra. "I'll go wandering into her room when she's asleep and start talking. Sometimes we have a little friction when I have a list and she's not into her day."



WHO'S THE BOSS: "Jewel and I consider ourselves partners, but in a way I work for her," says Nedra. "It's not easy for a child to tell a parent what to do, but I encourage that. I'm helping her to take more responsibility.'"

THE SWEETEST SUCCESS: That Jewel has earned enough money from her two albums to buy them a huge home in San Diego. "Her room is on one side of the house and mine is on another, so we'll call each other and spend an hour and a half on the phone," says Nedra. Then we'll say, 'What are we doing? We're idiots!'"

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BRIEF SUMMARY.

CLINICAL PHARMACOLOGY *Pharmacokinetics and Metabolism: Omeprazole* – In pharmacokinetic studies of single 20 mg omeprazole doses, an increase in AUC of approximately four-fold was noted in Asian subjects compared to Caucasians. Dose adjustment, particularly where maintenance of healing of erosive esophagitis is indicated, for the hepatically impaired and Asian subjects should be considered.

INDICATIONS AND USAGE *Duodenal Ulcer:* PRILOSEC is indicated for short-term treatment of active duodenal ulcer. Most patients heal within 4 weeks. Some patients may require an additional 4 weeks of therapy. PRILOSEC, in combination with clarithromycin and amoxicillin, is indicated for treatment of patients with *H. pylori* infection and duodenal ulcer disease (active or up to 1-year history) to eradicate *H. pylori*. PRILOSEC, in combination with clarithromycin, is also indicated for treatment of patients with *H. pylori* infection and duodenal ulcer disease to eradicate *H. pylori*. Eradication of *H. pylori* has been shown to reduce the risk of duodenal ulcer recurrence. Among patients who fail therapy, PRILOSEC with clarithromycin is more likely to be associated with the development of clarithromycin resistance as compared with triple therapy. In patients who fail therapy, susceptibility testing should be done. If resistance to clarithromycin is demonstrated or susceptibility testing is not possible, alternative antimicrobial therapy should be instituted. (See the clarithromycin package insert, MICROBIOLOGY section.) ***Gastric Ulcer:*** PRILOSEC is indicated for short-term treatment (4-8 weeks) of active benign gastric ulcer. ***Treatment of Gastroesophageal Reflux Disease (GERD):*** **Symptomatic GERD** – PRILOSEC is indicated for the treatment of heartburn and other symptoms associated with GERD. **Erosive Esophagitis** – PRILOSEC is indicated for the short-term treatment (4-8 weeks) of erosive esophagitis which has been diagnosed by endoscopy. The efficacy of PRILOSEC used for longer than 8 weeks in these patients has not been established. In the rare instance of a patient not responding to 8 weeks of treatment, it may be helpful to give up to an additional 4 weeks of treatment. If there is recurrence of erosive esophagitis or GERD symptoms (e.g. heartburn), additional 4-8 week courses of omeprazole may be considered. ***Maintenance of Healing of Erosive Esophagitis:*** PRILOSEC is indicated to maintain healing of erosive esophagitis. Controlled studies do not extend beyond 12 months. ***Pathological Hypersecretory Conditions:*** PRILOSEC is indicated for the long-term treatment of pathological hypersecretory conditions (e.g., Zollinger-Ellison syndrome, multiple endocrine adenomas and systemic mastocytosis).

CONTRAINDICATIONS *Omeprazole:* PRILOSEC Delayed-Release Capsules are contraindicated in patients with known hypersensitivity to any component of the formulation. ***Clarithromycin:*** Clarithromycin is contraindicated in patients with a known hypersensitivity to any macrolide antibiotic. Concomitant administration of clarithromycin with cisapride, pimozide, or terfenadine is contraindicated. There have been post-marketing reports of drug interactions when clarithromycin and/or erythromycin are co-administered with cisapride, pimozide, or terfenadine resulting in cardiac arrhythmias (QT prolongation, ventricular tachycardia, ventricular fibrillation, and torsades de pointes) most likely due to inhibition of hepatic metabolism of these drugs by erythromycin and clarithromycin. Fatalities have been reported. (Please refer to full prescribing information for clarithromycin before prescribing.) ***Amoxicillin:*** Amoxicillin is contraindicated in patients with a history of allergic reaction to any of the penicillins. (Please refer to full prescribing information for amoxicillin before prescribing.)

WARNINGS: *Clarithromycin:* **CLARITHROMYCIN SHOULD NOT BE USED IN PREGNANT WOMEN EXCEPT IN CLINICAL CIRCUMSTANCES WHERE NO ALTERNATIVE THERAPY IS APPROPRIATE. IF PREGNANCY OCCURS WHILE TAKING CLARITHROMYCIN, THE PATIENT SHOULD BE APPRISED OF THE POTENTIAL HAZARD TO THE FETUS. (See WARNINGS in prescribing information for clarithromycin.)** *Amoxicillin:* SERIOUS AND OCCASIONALLY FATAL HYPERSENSITIVITY (anaphylactic) REACTIONS HAVE BEEN REPORTED IN PATIENTS ON PENICILLIN THERAPY. THESE REACTIONS ARE MORE LIKELY TO OCCUR IN INDIVIDUALS WITH A HISTORY OF PENICILLIN HYPERSENSITIVITY AND/OR A HISTORY OF SENSITIVITY TO MULTIPLE ALLERGENS. BEFORE INITIATING THERAPY WITH AMOXICILLIN, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO PENICILLINS, CEPHALOSPORINS OR OTHER ALLERGENS. IF AN ALLERGIC REACTION OCCURS, AMOXICILLIN SHOULD BE DISCONTINUED AND APPROPRIATE THERAPY INSTITUTED. **SERIOUS ANAPHYLACTIC REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT WITH EPINEPHRINE. OXYGEN, INTRAVENOUS STEROIDS AND AIRWAY MANAGEMENT, INCLUDING INTUBATION, SHOULD ALSO BE ADMINISTERED AS INDICATED.** (See WARNINGS in prescribing information for amoxicillin.) *Antimicrobials* **Pseudomembranous colitis has been reported with nearly all antibacterial agents and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.** (see WARNINGS in prescribing information for clarithromycin and amoxicillin.)

PRECAUTIONS *General:* Symptomatic response to therapy with omeprazole does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole. ***Information for Patients:*** PRILOSEC Delayed-Release Capsules should be taken before eating. Patients should be cautioned that the PRILOSEC Delayed-Release Capsule should not be opened, chewed or crushed, and should be swallowed whole. ***Drug Interactions:*** **Other** – Omeprazole can prolong the elimination of diazepam, warfarin and phenytoin, drugs that are metabolized by oxidation in the liver. Although in normal subjects no interaction with theophylline or propranolol was found, there have been clinical reports of interaction with other drugs metabolized via the cytochrome P-450 system (e.g., cyclosporine, disulfiram, benzodiazepines). Patients should be monitored to determine if it is necessary to adjust the dosage of these drugs when taken concomitantly with PRILOSEC. Because of its profound and long lasting inhibition of gastric acid secretion, it is theoretically possible that omeprazole may interfere with absorption of drugs where gastric pH is an important determinant of their bioavailability (e.g., ketoconazole, ampicillin esters, and iron salts). In the clinical trials, antacids were used concomitantly with the administration of PRILOSEC. **Combination Therapy with Clarithromycin** – Co-administration of omeprazole and clarithromycin have resulted in increases in plasma levels of omeprazole, clarithromycin, and 14-hydroxy-clarithromycin. (See CLINICAL PHARMACOLOGY, *Pharmacokinetics Combination Therapy with Antimicrobials* in full Prescribing Information.) Concomitant administration of clarithromycin with cisapride, pimozide, or terfenadine is contraindicated. There have been reports of an interaction between erythromycin and astemizole resulting in QT prolongation and torsades de pointes. Concomitant administration of erythromycin and astemizole is contraindicated. Because clarithromycin is also metabolized by cytochrome P450, concomitant administration of clarithromycin with astemizole is not recommended. (See also CONTRAINDICATIONS, *Clarithromycin*, above. Please refer to full prescribing information for clarithromycin.) ***Carcinogenesis, Mutagenesis, Impairment of Fertility:*** In two 24-month carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (approximately 4 to 352 times the human dose, based on a patient weight of 50 kg and a human dose of 20 mg) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats, the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg/kg/day omeprazole (approximately 35 times the human dose) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. An unusual primary malignant tumor in the stomach was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Omeprazole was not mutagenic in an *in vitro* Ames *Salmonella typhimurium* assay, an *in vitro* mouse lymphoma cell assay and an *in vivo* rat liver DNA damage assay. A mouse micronucleus test at 625 and 6250 times the human dose gave a borderline result, as did an *in vivo* bone marrow chromosome aberration test. A second mouse micronucleus study at 2000 times the human dose, but with different (suboptimal) sampling times, was negative. ***Pregnancy:*** **Omeprazole: Pregnancy Category C** – In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (approximately 17 to 172 times the human dose) produced dose-related increases in embryo-lethality, fetal resorptions and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole 13.8 to 138.0 mg/kg/day (approximately 35 to 345 times the human dose). There are no adequate or well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. Omeprazole should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Clarithromycin: Pregnancy Category C** – See WARNING (above) and full prescribing information for clarithromycin before prescribing in pregnant women. ***Nursing Mothers:*** It is not known whether omeprazole is excreted in human milk. In rats, omeprazole administration during late gestation and lactation at doses of 13.8 to 138 [illegible] ted in decreased weight gain in pups. Because many drugs are excreted in human milk, because of the potential for serious adverse reactions in nursing infants from ome... and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a d... should be made whether to discontinue nursing or discontinue the drug, taking into account the importanc... drug to the mother. ***Pediatric Use:*** Safety and effectiveness in pediatric patients have not been establishe...

ADVERSE REACTIONS: In the U.S. clinical trial population of 465 patients (including duodenal ulcer, Zo... Ellison syndrome and resistant ulcer patients), the following adverse experiences were reported to occur i... more of patients on therapy with PRILOSEC® (omeprazole). Numbers in parentheses indicate percentage... adverse experiences considered by investigators as possibly, probably, or definitely related to the drug.

	Omeprazole (n=465)	Placebo (n=64)	Ranitidine (n=1
Headache	6.9 (2.4)	6.3	7.7 (2.6)
Diarrhea	3.0 (1.9)	3.1 (1.6)	2.1 (0.5)
Abdominal Pain	2.4 (0.4)	3.1	2.1
Nausea	2.2 (0.9)	3.1	4.1 (0.5)
URI	1.9	1.6	2.6
Dizziness	1.5 (0.6)	0.0	2.6 (1.0)
Vomiting	1.5 (0.4)	4.7	1.5 (0.5)
Rash	1.5 (1.1)	0.0	0.0
Constipation	1.1 (0.9)	0.0	0.0
Cough	1.1	0.0	1.5
Asthenia	1.1 (0.2)	1.6 (1.6)	1.5 (1.0)
Back Pain	1.1	0.0	0.5

The following adverse reactions which occurred in 1% or more of omeprazole-treated patients have been r... in international double-blind, and open-label, clinical trials in which 2,631 patients and subjects r... omeprazole.

Incidence of Adverse Experiences ≥ 1%, Causal Relationship not Assessed

		Omeprazole (n=2631)*	Placebo (n=120
Body as a Whole, site unspecified	Abdominal pain	5.2	3.3
	Asthenia	1.3	0.8
Digestive System	Constipation	1.5	0.8
	Diarrhea	3.7	2.5
	Flatulence	2.7	5.8
	Nausea	4.0	6.7
	Vomiting	3.2	10.0
	Acid regurgitation	1.9	3.3
Nervous System/Psychiatric	Headache	2.9	2.5

Additional adverse experiences occurring in <1% of patients or subjects in domestic and/or international t... occurring since the drug was marketed, are shown below within each body system. In many instances, t... tionship to PRILOSEC was unclear. *Body As a Whole:* Allergic reactions including, rarely, anaphylaxis (s... *Skin* below), fever, pain, fatigue, malaise, abdominal swelling. *Cardiovascular:* Chest pain or angina, tachy... bradycardia, palpitation, elevated blood pressure, peripheral edema. *Gastrointestinal:* Pancreatitis (some... anorexia, irritable colon, flatulence, fecal discoloration, esophageal candidiasis, mucosal atrophy of the ... dry mouth. During treatment with omeprazole, gastric fundic gland polyps have been noted rarely. These... are benign and appear to be reversible when treatment is discontinued. Gastro-duodenal carcinoids hav... reported in patients with ZE syndrome on long-term treatment with PRILOSEC. This finding is believed ... manifestation of the underlying condition, which is known to be associated with such tumors. *Hepatic:* M... rarely, marked elevations of liver function tests [ALT (SGPT), AST (SGOT), γ-glutamyl transpeptidase, ... phosphatase, and bilirubin (jaundice)]. In rare instances, overt liver disease has occurred, including hepato... cholestatic, or mixed hepatitis, liver necrosis (some fatal), hepatic failure (some fatal), and ... encephalopathy. *Metabolic/Nutritional:* Hyponatremia, hypoglycemia, weight gain. *Musculoskeletal:* ... cramps, myalgia, muscle weakness, joint pain, leg pain. *Nervous System/Psychiatric:* Psychic distur... including depression, aggression, hallucinations, confusion, insomnia, nervousness, tremors, apathy, ... lence, anxiety, dream abnormalities; vertigo; paresthesia; hemifacial dysesthesia. *Respiratory:* Epistaxis, ... geal pain. *Skin:* Rash and, rarely, cases of severe generalized skin reactions including toxic epidermal ne... (TEN, some fatal), Stevens-Johnson syndrome, and erythema multiforme (some severe); purpura ... petechiae (some with rechallenge); skin inflammation, urticaria, angioedema, pruritus, alopecia, dry skin, ... hidrosis. *Special Senses:* Tinnitus, taste perversion. *Urogenital:* Interstitial nephritis (some with positive ... lenge), urinary tract infection, microscopic pyuria, urinary frequency, elevated serum creatinine, prot... hematuria, glycosuria, testicular pain, gynecomastia. *Hematologic:* Rare instances of pancytopenia, agra... tosis (some fatal), thrombocytopenia, neutropenia, anemia, leucocytosis, and hemolytic anemia hav... reported. *Combination Therapy for H. pylori Eradication:* dual therapy with PRILOSEC and clarithromycin, ... therapy with PRILOSEC, clarithromycin, and amoxicillin. Adverse experiences that have occurred hav... limited to those that have been previously reported with omeprazole, clarithromycin, or amoxicillin. *Triple T... (PRILOSEC/clarithromycin/amoxicillin):* The most frequent adverse experiences observed in clinical trials ... combination therapy with PRILOSEC, clarithromycin, and amoxicillin (n = 274) were diarrhea (14%), taste ... sion (10%), and headache (7%). None of these occurred at a higher frequency than that reported by p... taking the antimicrobial drugs alone. *Dual Therapy (PRILOSEC/clarithromycin):* Adverse experiences obse... controlled clinical trials using combination therapy with PRILOSEC and clarithromycin (n = 346) which ... from those previously described for omeprazole alone were: Taste perversion (15%), tongue discoloration ... rhinitis (2%), pharyngitis (1%) and flu syndrome (1%). For more information on clarithromycin or amo... refer to the respective package inserts. ADVERSE REACTIONS sections.

OVERDOSAGE: Rare reports have been received of overdosage with omeprazole. Doses ranged from 320 ... 900 mg (16-45 times the usual recommended clinical dose). Manifestations were variable, but included con... drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, and dry mouth. Symptom... transient, and no serious clinical outcome has been reported. No specific antidote for omeprazole overdo... known. Omeprazole is extensively protein bound and is, therefore, not readily dialyzable. In the event o... dosage, treatment should be symptomatic and supportive.

DOSAGE AND ADMINISTRATION ***Short-Term Treatment of Active Duodenal Ulcer:*** The recommended ad... dose of PRILOSEC is 20 mg once daily. Most patients heal within 4 weeks. Some patients may require a... tional 4 weeks of therapy. (See INDICATIONS AND USAGE.) ***H. pylori Eradication for the Reduction of Th... of Duodenal Ulcer Recurrence*** *Triple Therapy* (PRILOSEC/clarithromycin /amoxicillin): The recommende... oral regimen is PRILOSEC 20 mg plus clarithromycin 500 mg plus amoxicillin 1000 mg each given twice d... 10 days. In patients with an ulcer present at the time of initiation of therapy, an additional 18 days of PRI... 20 mg once daily is recommended for ulcer healing and symptom relief. *Dual Therapy* (PRILOSEC/clarithro... The recommended adult oral regimen is PRILOSEC 40 mg once daily plus clarithromycin 500 mg t.i.d. for 1... In patients with an ulcer present at the time of initiation of therapy, an additional 14 days of PRILOSEC 20 m... daily is recommended for ulcer healing and symptom relief. Please refer to clarithromycin full prescribing... mation for CONTRAINDICATIONS and WARNING, and for information regarding dosing in elderly and ... impaired patients (PRECAUTIONS, *General*, PRECAUTIONS: *Geriatric Use* and PRECAUTIONS: *Drug Interac... Please refer to amoxicillin full prescribing information for CONTRAINDICATIONS and WARNINGS. ***Gastric ...*** The recommended adult oral dose is 40 mg once a day for 4 to 8 weeks. (See INDICATIONS AND USAGE, ... *Ulcer*.) ***Gastroesophageal Reflux Disease (GERD):*** The recommended adult oral dose for the treatm... patients with symptomatic GERD and no esophageal lesions is 20 mg daily for up to 4 weeks. The recomm... adult oral dose for the treatment of patients with erosive esophagitis and accompanying symptoms due to... is 20 mg daily for 4 to 8 weeks. (See INDICATIONS AND USAGE.) ***Maintenance of Healing of E... Esophagitis:*** The recommended adult oral dose is 20 mg daily. ***Pathological Hypersecretory Conditio...*** dosage of PRILOSEC in patients with pathological hypersecretory conditions varies with the individual patie... recommended adult oral starting dose is 60 mg once a day. Doses should be adjusted to individual patient... and should continue for as long as clinically indicated. Doses up to 120 mg t.i.d. have been administered... dosages of greater than 80 mg should be administered in divided doses. No dosage adjustment is necess... patients with renal impairment, hepatic dysfunction or for the elderly.

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December 1998

NOTE: This summary provides important information about PRILOSEC. If you would like more informati... your doctor or pharmacist to let you read the professional labeling and then discuss it with them.

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EZ DUNST, MOTHER OF ACTRESS KIRSTEN DUNST

AT SHE DOES: "They call me ten's personal manager, but I'm y just her mom," says Inez Dunst. travels on location with her nteen-year-old daughter, whose nt credits include the movies *Dick Drop-Dead Gorgeous*), reads pts, and runs a production company n two friends.

E DAUGHTER, LIKE MOTHER: Follow r dreams. "Kirsten's very driven— 's more driven than I am," says z. At the age of three, Kirsten ted modeling and appearing in vision commercials. By the time turned seven, she had decided that destiny was to be a star. So Inez her husband at home in New ey and headed to Los Angeles with sten and her three-year-old ther, Christian. Kirsten appeared on ers, *Star Trek: The Next Generation*, then starred opposite Tom Cruise Brad Pitt in *Interview with the mpire*. "And that was it. We never nt back home."

GEST CHALLENGE: Raising Kirsten h manners and respect. "I saw a lot child actors who were really brats, and I used to tell Kirsten that if she ever started to behave like that, 'That's when you stop acting until you get normal again,'" says Inez. "Now when she sees seventeen-year-olds on the set who are obnoxious, she says, 'I know, that's how you never want me to behave.'" Inez also insisted that Kirsten remain enrolled in a private school rather than being tutored.

ULTIMATE COST: Her marriage. After Kirsten filmed *Interview*, Inez and her husband separated for good. "He never got the whole [acting] thing, so [our relationship] started to fall apart," says Inez.

BEST MOMENT: "At the end of the *Interview with the Vampire* shoot, it was three A.M. and we were filming on the streets of Paris," recalls Inez. "They announced, 'Our leading lady has just completed her final scene,' and then the producers and director presented Kirsten with a little diamond bracelet with hearts on it. All she remembers, because she was so young, was that I kept saying, 'Don't forget this, because I don't think this is ever going to happen again!'"

Cleans.

Softens.

Gets your face a frozen yogurt and a personal trainer.



basis
The bare maximum.



ALL ABOUT KIDS

An up-to-the-minute report on their allowances, dating habits, online activity—and dreams for the future **By Mary Lawless**

TEEN SPENDING

1999 (estimated): **$153 billion**
1998: **$141 billion**

WHO SPENDS MORE—SONS OR DAUGHTERS?



Boys: **$87 per week**
TEENAGE RESEARCH UNLIMITED

COLLEGE vs. CDs

- Percent of teens who save for a long-term goal: **17**
- Percent who save for a short-term goal: **75**

RAND YOUTH POLL

ALLOWANCES IN THE 21st CENTURY

- Percent of 12-year-olds who get an allowance: **61**
- Percent of 15-year-olds who get an allowance: **50**
- Percent of 17-year-olds who get an allowance: **33**

HOW MUCH DO KIDS GET?*

- Median weekly allowance (for 12- to 18-year-olds) in 1997: **$50**
- Median allowance in the Northeast: **$55**
- Great Lakes region: **$75**
- Midwest: **$50**
- South: **$40**
- West: **$65**

**Figures include all money parents give teens per week—including funds for shopping and the movies.*

NATIONAL LONGITUDINAL SURVEY OF YOUTH, 1997

THE COST OF RAISING A CHILD

BORN IN 1981*
Housing: **$52,140**
Transportation: **$22,560**
Clothing: **$10,920**
Health care: **$10,830**
Child care/education: **$15,030**
Miscellaneous (personal care, entertainment, books): **$17,760**
Total: **$156,690**
BORN IN 1998**
approximately **$240,590**

UNITED STATES DEPARTMENT OF AGRICULTURE, EXPENDITURES ON CHILDREN BY FAMILIES, 1998

ALL IN THE FAMILY

- Percent of kids living with both parents in 1978: **78**
- Percent living with both parents in 1998: **68**
- Percent being raised by single parents in 1978: **19**
- Percent being raised by single parents in 1998: **28**

U.S. CENSUS BUREAU, 1999

MOMS ARE FAVORED

- Percent of teens who report having a great relationship with Mom: **71**
- Percent who report the same relationship with Dad: **58**
- Percent who rely on Mom for help with important decisions: **27**
  Percent who rely on Dad: **9**

NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA U., 1999 SURVEY

The cost of food for a child, up to age 17: $27,450



**Based on a middle-income family, with average before-tax income of $47,900; doesn't include the cost of a college education.*
***Based on a middle-income family raising a child through age 17; assumes annual inflation rate of 4.7 percent (the average inflation rate over the past 20 years).*

Oops! The spaghetti sauce splattered..."

"Sherrie's makeup is all over the sink again."

"Who put the frog on the counter?"

you have to pot those plants here?"

"Yikes! What was in this trash can?!"



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BIG K presents

'ROUND THE CLOCK SOLUTIONS for Your Busy Fam

Some quick tips to help you manage your family's time to the max! Check out these smart hints, take a one-stop shopping trip to your local Big K and discover the new meaning for the phrase "quality time."



IN A ZIP: Tired of just sandwiches for lunch? Make their favorite hot meals ahead of time and store individual servings in the new **Glad Stand & Zip Bags** – the smart choice for both freezing and microwaving, featuring extra thick and heat resistant plastic, and a wide mouth for easy filling.



ALL DRESSED UP: Can't coordinate everyone's eating schedules? Keep veggie and turkey wraps at your disposal in the fridge. Wraps can include every major food group and are easy to make & store. Add an extra kick by spreading wraps with one part **Hidden Valley Original Ranch Dressing** mixed with one part cream cheese.



NO RESERVATIONS: Make dinner worries disappear! Spend more time coaching the team or soaking in the tub when the main course is marinating in your favorite recipe. Either chicken or pork will cook to perfection when pre-marinated in a **Glad Stand & Zip Bag** with your favorite marinade. And easy-to-use **Glad Stand & Zip Bags** are perfect for making lunches the night before. As the only zipper bag that stands upright, **Glad Stand & Zip Bags** make packing meals a snap.

P.M. TIP

Can't seem to get everyone to sit down for dinner together? Make it "Family Matters" night once a week. Discuss upcoming vacations, special family events, and timely news topics. Schedule the "Family Matters" night in advance to make sure everyone can attend.

A.M. TIP

Take turns pre-se clearing the breal table. Let the pe is taking their tur the "fruit of the d (Pre-cut and refri the fruit in Glad S Zip Bags. Hint: A of lemon juice wil the fruit fresher, l

Find the new Glad Stand & Zip Bags an Hidden Valley products at your local Bi along with other family necessities to m your busy life easier.

Let ... the "quality" back into your family's time. Shop BIG K to

Perfect while waiting for your main course.

Introducing the real taste of ranch. Anytime. Anyplace.



Everyone who wants to clean your toilet every day raise your hand.

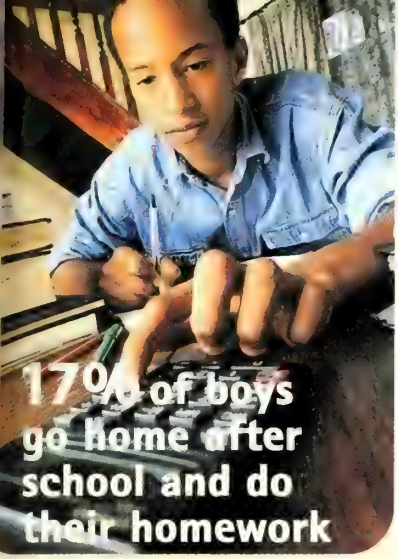


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Everyone else, just flush.

Clorox® Automatic helps prevent toilet ring every time you flush, to leave the bowl sparkling clean and white. Just the kind of power you'd expect from a Clorox product.





AFTER-SCHOOL ACTIVITIES

- Percent of 12- to 17-year-old girls who go home and do homework: **21**
- Percent of girls who play on a sports team: **14**
- Percent of boys who play on a sports team: **24**

NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA U., 1999 SURVEY

HOW TEENS SPEND THEIR FREE TIME

- Watching TV: **11 hours** in the last week
- Listening to the radio: **10 hours**
- Listening to CDs, tapes: **9 hours**
- Hanging out with friends: **8 hours**
- Talking on the phone: **6 hours**
- Playing sports: **6 hours**
- Working for pay: **6 hours**
- Working out: **5 hours**
- Using a home computer: **5 hours**
- Eating: **5 hours**
- Doing chores: **4 hours**
- Using the Internet: **4 hours**
- Studying: **4 hours**

TEENAGE RESEARCH UNLIMITED, 1999

KEEPING THE FAITH

- Percent of teens who consider themselves religious: **86**
- Percent who don't consider themselves religious: **14**
- Percent for whom religion is very important: **42**
- Percent for whom it's not important at all: **3**

1997 NATIONAL LONGITUDINAL SURVEY OF ADOLESCENT HEALTH

YOUNG LOVE

- Percent of 12- to 18-year-olds who reported a romantic relationship in the past 18 months: **55**
- Percent who go out on group dates: **71**
- Percent who have met their partner's parents: **70**
- Percent who have kissed: **86**
- Percent who have touched each other intimately: **59**

NATIONAL LONGITUDINAL SURVEY OF ADOLESCENT HEALTH, 1997

TEEN VIRGINS: A DYING BREED

- Percent of 15-year-old girls who said they'd had sex in 1970: **less than 5**
- Percent of 15-year-old girls who said they'd had sex in 1997: **38**
- Percent of 15-year-old boys who said they'd had sex in 1972: **20**

Percent of 15-year-old boys who said they'd had sex in 1997: **45**

NATIONAL CENTER FOR HEALTH STATISTICS



THE WIRED GENERATION

- Percent of kids who have a computer at home: **69**
- Percent who have Internet access at home: **45**
- Percent who use a computer at school: **29**

KAISER FAMILY FOUNDATION, 1999



A WEIGHTY ISSUE

- Percent of high-school girls who consider themselves overweight: **34**
- Percent of high-school boys who do: **22**
- Percent of high-school students trying to lose weight in 1990: **29**
- Percent who were trying to do so in 1997: **40**
- Percent of high-school boys who were trying to lose weight in 1997: **23**

1990 AND 1997 YOUTH RISK BEHAVIOR SURVEY, CDC

PERFECTING YOUNG BODIES

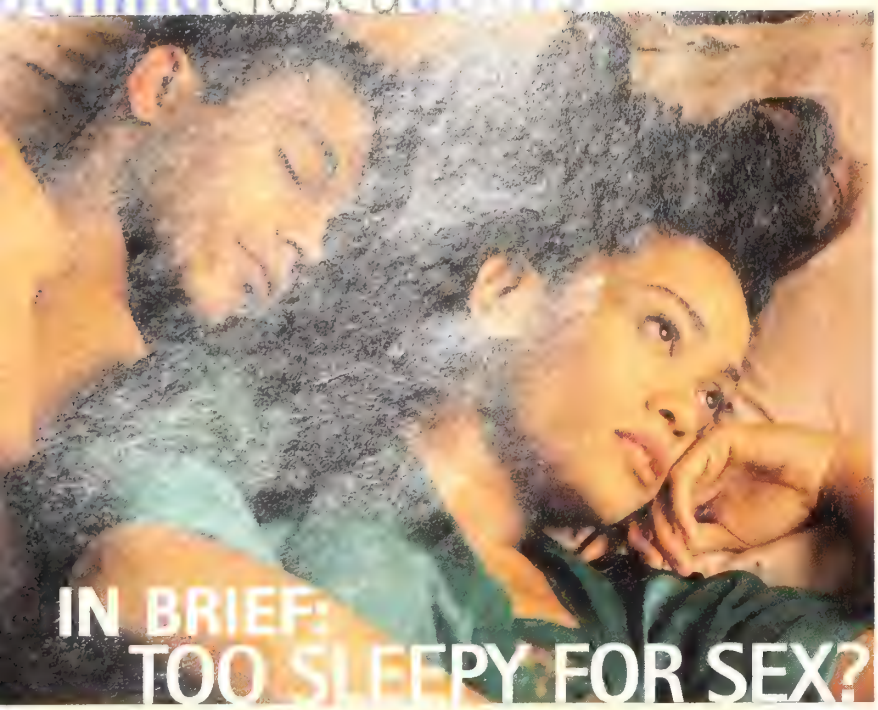
- Number of girls 18 and under who got breast augmentation surgery in 1992: **978**
- Number who got the surgery in 1998: **1,840**
- Number of teens 18 and under who got nose jobs in 1992: **5,519**
- Number who got the surgery in 1998: **8,074**

AMERICAN SOCIETY OF PLASTIC SURGEONS, 1992 AND 1998

HOPES AND DREAMS

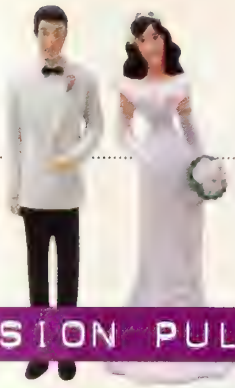
- Percent of kids ages 6 through 17 who dream of being rich: **53**
- Percent who would like to become famous: **42**
- Percent who would like to help others: **36**
- Percent who would like to run their own business: **22**
- Percent who dream of becoming parents: **29**
- Percent of kids ages 13 through 17 who say they will get married: **91**

1999 ROPER YOUTH REPORT



IN BRIEF: TOO SLEEPY FOR SEX?

If your husband is often tired and has lost interest in sex, he may want to get checked out for a common sleep disorder. A new study at National Naval Medical Center in Bethesda, Maryland, and Walter Reed Army Medical Center, in Washington, D.C., shows that men who suffer from obstructive sleep apnea—in which a person stops breathing for as long as a few minutes repeatedly throughout the night—had more sexual problems than healthy men do. The disorder, which affects about 4 percent of men, occurs when the soft tissue in the back of the throat collapses, blocking the airway. The good news is that treatment—a plastic face mask that supplies air pressure to prevent throat tissue from collapsing—boosts interest in sex and improves orgasm intensity.



PASSION PULSE:

THE VALUE OF A LASTING MARRIAGE: $100,000

*SOURCE: Economists David Blanchflower, Dartmouth College, Hanover, New Hampshire, and Andrew J Oswald, Warwick University, United Kingdom.**

what's sexy now?

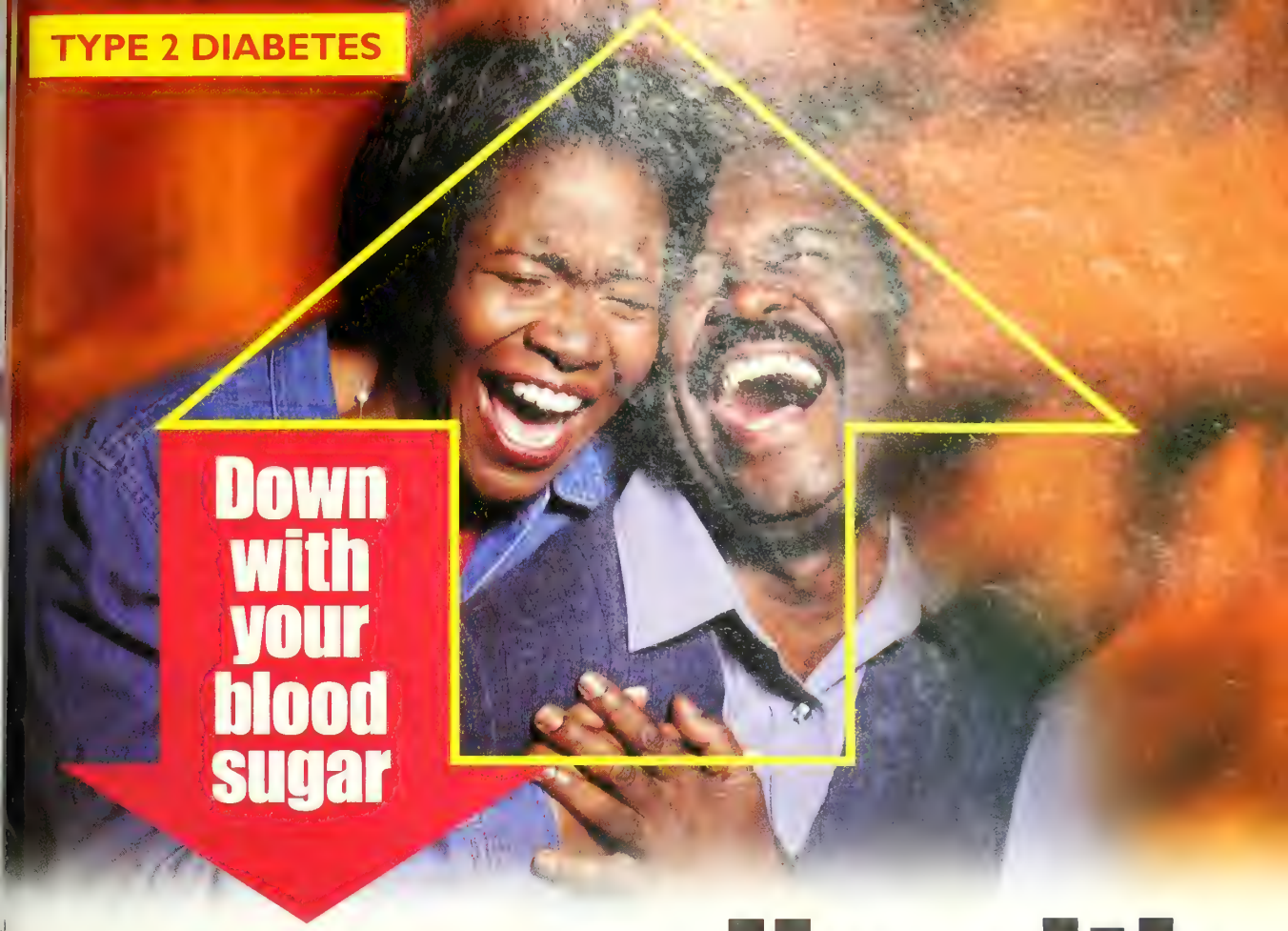
Forget Tupperware. Today, women across the country are hosting sex-toy parties in their homes and buying everything from flavored body lotions to fur-covered handcuffs. A sales rep explains how the products are used, then partygoers buy items in private. Purchases are discreetly slipped into a paper bag. Business is booming: For Brisbane, California–based Coming Attractions, 1999 sales reached $4 million; and for Mt. Juliet, Tennessee–based Surprise Parties, sales totaled more than $2 million.



SEX MYSTERY OF THE MONTH:

q Why does it take women longer to have an orgasm than men?

a "Men's genitals are more sensitive," says Norman S. Fertel, M.D., an obstetrician/gynecologist and certified sex and marital therapist in Brooklyn. "Because the penis is larger than the clitoris, it has more nerves." In addition, it may take women longer to get in the mood. They may need psychological or environmental stimuli—an intimate conversation or a candlelit setting—whereas a man requires only a visual stimulus, like his naked wife.



Up with your life

.ower your blood sugar with Glucophage, he #1 prescribed diabetes pill

long with diet and exercise, Glucophage can be taken on its wn, together with other diabetes pills called sulfonylureas, r with insulin to help lower blood sugar.

Adding Glucophage to insulin lowers blood sugar better than insulin alone... Glucophage works with your own body's natural insulin and may reduce the amount of insulin you need to take.

Glucophage does not cause weight gain...unlike many other diabetes medications, including insulin.

Lowering your blood sugar is the best thing that you can do...to control diabetes and help prevent complications, like blindness.

mportant Information: There is additional important information bout Glucophage you should know. The most serious side effect ssociated with Glucophage is called lactic acidosis, which is rare and as occurred in one in 33,000 patients on Glucophage over the course f one year. If lactic acidosis occurs, it can be fatal in up to half the cases. ou should not take Glucophage if you have kidney disease or dysfunction, you are 80 or older (unless you have first had your kidneys tested), you are taking medication for congestive heart failure, if you have a istory of liver disease, or if you drink alcohol excessively. The most ommon side effects are minor ones such as diarrhea, nausea, and upset tomach, which usually occur during the first few weeks on Glucophage. **lease see additional important patient information** on the nex

For more information call
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or visit our website
at www.glucophage.com

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PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg, 850 mg, and 1000 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 10-14)

Q1. Why do I need to take GLUCOPHAGE?
Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?
People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?
Studies have shown that good control of blood sugar can prevent or delay complications such as blindness.

Q4. How is type 2 diabetes usually controlled?
High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOPHAGE work differently from other glucose-control medications?
Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q6. What happens if my blood sugar is still too high?
When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q7. Why would I take GLUCOPHAGE if I am already on insulin?
Because adding GLUCOPHAGE to insulin can help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Q8. Can GLUCOPHAGE cause side effects?
GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

Q9. What kind of side effects can GLUCOPHAGE cause?
If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q10. Are there any serious side effects that GLUCOPHAGE can cause?
GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q11. What is lactic acidosis and can it happen to me?
Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis associated with GLUCOPHAGE is rare and has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about 33,000 patients taking GLUCOPHAGE over the course of a year. Although rare, lactic acidosis does occur, it can be fatal in up to half the cases.

It's also important for your liver to be working normally when you take GLUCOPHAGE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests on you from time to time to make sure your kidneys and your liver are functioning normally.

There is no evidence that GLUCOPHAGE causes harm to the kidneys or liver.

Q12. Are there other risk factors for lactic acidosis?
Your risk of developing lactic acidosis from taking GLUCOPHAGE (metformin hydrochloride tablets) is very low as long as your kidneys and liver are normal. However, some factors can increase your risk because they can affect kidney or liver function. You should discuss your risk with your physician. You should not take GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with medications, e.g. digoxin (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge" drinking)
- You are seriously dehydrated (have lost a large amount of body fluids)
- You are going to have certain x-ray procedures with injectable contrast material
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection or stroke
- You are ≥ 80 years of age and have NOT had your kidney function tested

Q13. What are the symptoms of lactic acidosis?
Some of the symptoms include: feeling very weak, tired or uncomfortable, unusual muscle pain, trouble breathing, unusual or unexpected stomach discomfort, feeling cold, feeling dizzy or lightheaded, or suddenly developing a slow or irregular heartbeat.

If you notice these symptoms, or if your medical condition has suddenly changed, stop taking GLUCOPHAGE and call your doctor right away. Lactic acidosis is a medical emergency that must be treated in a hospital.

Q14. What does my doctor need to know to decrease my risk of lactic acidosis?
Tell your doctor if you have an illness that results in severe vomiting, diarrhea, fever, or if your intake of fluids is significantly reduced. These situations can lead to severe dehydration, and it may be necessary to stop taking GLUCOPHAGE temporarily.

You should let your doctor know if you are going to have any surgery or specialized x-ray procedures that require injection of contrast agents. GLUCOPHAGE therapy will need to be stopped temporarily in such instances.

Q15. Can I take GLUCOPHAGE with other medications?
Remind your doctor that you are taking GLUCOPHAGE when any new drug is prescribed or a change is made in how you take a drug already prescribed. GLUCOPHAGE may interfere with the way some drugs work and some drugs may interfere with the action of GLUCOPHAGE.

Q16. What if I become pregnant while taking GLUCOPHAGE?
Tell your doctor if you plan to become pregnant or have become pregnant. With other oral glucose-control medications, you should not take GLUCOPHAGE during pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. As with most medications, you and your doctor should discuss the use of GLUCOPHAGE if you are planning a child.

Q17. How do I take GLUCOPHAGE?
Your doctor will tell you how many GLUCOPHAGE tablets to take and how often. This should also be printed on the label of your prescription. You will probably be started on a low dose of GLUCOPHAGE and your dosage will be increased gradually until your blood sugar is controlled.

Q18. Where can I get more information about GLUCOPHAGE?
This leaflet is a summary of the most important information about GLUCOPHAGE. If you have any questions or problems, you should talk to your doctor or other health care provider about type 2 diabetes as well as GLUCOPHAGE and its side effects. There is also a leaflet (package insert) written for health professionals that your pharmacist can let you read.

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CHEATING Hearts

From office romances to online affairs, more women are unfaithful than ever before. Here, the latest on why we stray and how to heal the hurt

By Carol Lynn Mithers

"I never meant to cheat on my husband," says thirty-eight-year-old Sharon*, a personnel manager at a telecommunications firm. Two years ago, she and Dan*, a co-worker, became friendly because they loved to talk politics. The friendship deepened after they were assigned to the same project, which required long hours. Late one night, Dan confessed that his feelings were getting sexual. They planned to meet. "Every few weeks, we'd tell our families we had to work late and check into a hotel," recalls Sharon. After six months, Dan's wife became suspicious, so he ended the affair. "It was painful because I had to see him every day," says Sharon. Fortunately, Dan left the company, and Sharon's husband never found out about her betrayal.

Meet the new face of American infidelity. Today, the number-one affair partner is a co-worker. And while research shows that men are more likely than women to commit adultery, more women are betraying their husbands than ever. Fortunately, researchers are investigating why people cheat and how a marriage derailed by infidelity can be put back on track.

*Names and certain details have been changed to protect privacy

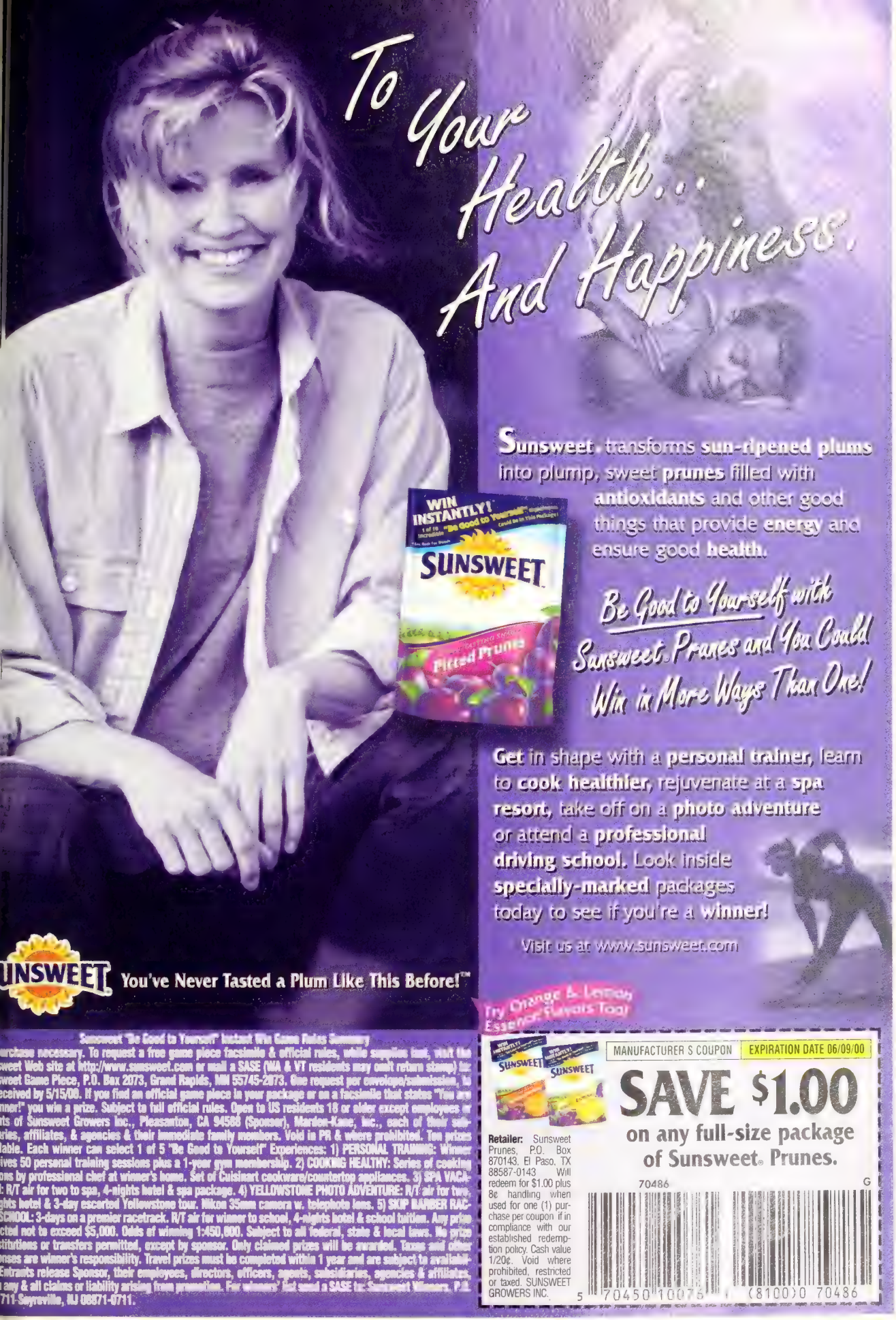
HE STRAYS, SHE STRAYS

Historically, men and women have cheated for different reasons. Men have been driven by lust and the desire for new sexual experiences, women by dissatisfaction with marriage. While these differences endure, many therapists say they seem to be lessening. Women who've grown up aware of their needs for gratification are seeking sexual affairs. And many men are more interested in emotional connection than sex—possibly because they're involved with co-workers, women they already like. This makes a man's straying more of a threat to his marriage.

CHEATING AT A GLANCE

No one can pinpoint exactly how widespread infidelity is. But there are reasonable estimates: Recent University of Chicago polls show that around 25 percent of men and 12 percent of women are unfaithful. The longer a couple have been married, the more likely one or both partners have strayed. Age counts, too: University of Washington professor of sociology and longtime sex researcher Pepper Schwartz says cheating is more common among those born between 1946 and 1964, and it begins earlier—in the first seven years of marriage. "I think that's because this group had so much premarital sexual experience," she explains. "It makes sex less taboo."

The Internet also contributes to affairs. Some people meet at a conference, then correspond via E-mail; others join up in Internet chat rooms. "Often, the relationship goes further—to cybersex, phone sex, a face-to-face meeting," explains Kimberly Young, M.D., director of the Center for On-Line Addiction, in Bradford, Pennsylvania, and author of *Caught in the Net* (John Wiley & Sons, 1998).



Sunsweet "Be Good to Yourself" Instant Win Game Rules Summary

urchase necessary. To request a free game piece facsimile & official rules, while supplies last, visit the weet Web site at http://www.sunsweet.com or mail a SASE (WA & VT residents may omit return stamp) to: weet Game Piece, P.O. Box 2073, Grand Rapids, MN 55745-2073. One request per envelope/submission. To ceived by 5/15/00. If you find an official game piece in your package or on a facsimile that states "You are nner!" you win a prize. Subject to full official rules. Open to US residents 18 or older except employees or nts of Sunsweet Growers Inc., Pleasanton, CA 94566 (Sponsor), Marden-Kane, Inc., each of their subsi- ries, affiliates, & agencies & their immediate family members. Void in PR & where prohibited. Tax prizes liable. Each winner can select 1 of 5 "Be Good to Yourself" Experiences: 1) PERSONAL TRAINING: Winner ives 50 personal training sessions plus a 1-year gym membership. 2) COOKING HEALTHY: Series of cooking ons by professional chef at winner's home. Set of Cuisinart cookware/countertop appliances. 3) SPA VACA- : R/T air for two to spa, 4-nights hotel & spa package. 4) YELLOWSTONE PHOTO ADVENTURE: R/T air for two, ights hotel & 3-day escorted Yellowstone tour. Nikon 35mm camera w. telephoto lens. 5) SKIP MARBER RAC- SCHOOL: 3-days on a premier racetrack. R/T air for winner to school, 4-nights hotel & school tuition. Any prize cted not to exceed $5,000. Odds of winning 1:450,600. Subject to all federal, state & local laws. No prize stitutions or transfers permitted, except by sponsor. Only claimed prizes will be awarded. Taxes and other nses are winner's responsibility. Travel prizes must be completed within 1 year and are subject to availabil- Entrants release Sponsor, their employees, directors, officers, agents, subsidiaries, agencies & affiliates, any & all claims or liability arising from promotion. For winners' list send a SASE to: Sunsweet Winners, P.O. 711-Sayreville, NJ 08871-0711.

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IS HE CHEATING?

The number-one clue is a sudden, inexplicable change. It may be of the clichéd sort—the purchase of a sports car, hipper clothes, briefs instead of boxers. A cheating husband may be markedly less interested in sex—or more so. (Strange as it seems, some men are so aroused by their affairs that the excitement carries over into their marriages.) He might complain less about marital problems, and he will likely adopt a new schedule. If a husband is having an online relationship, "he will demand privacy while at the computer, or turn off the screen when you enter the room," says Kimberly Young of the Center for On-Line Addiction. "Also he may stay up late using the computer."

THE PRICE OF INFIDELITY

In 1997, a North Carolina jury awarded a cool $1 million to a wife who sued her husband's secretary for luring him away. The decision was appealed but upheld last June. Cheaters may also be demoted or drummed out of the military, even arrested—as of 1998, infidelity was a crime ranging from misdemeanor to felony in about half of U.S. states. (These laws are rarely enforced.) Or the adulterer may be humiliated: Last year, a twenty-year-old Sunnyside, Washington, woman reacted to her father's affair by placing a seven-foot scarlet 'A' with a strobe light on her family's front lawn.



The Alibi Agency will provide an excuse—say, an invitation to a nonexistent conference—for a mate who wants to get away to meet a lover

GETTING CAUGHT

The discovery that a spouse has strayed often comes the old-fashioned way—incriminating credit-card bills are found in a wallet, he or she is spotted having an intimate dinner, a sexually transmitted disease is suddenly diagnosed. But thanks to modern technology, more cheaters are getting caught in the act.

"Caller ID lets you know if your husband isn't calling from where he says he is," says private eye Bruce Robertson, president of Tristar Investigations in Los Angeles. "By dialing *69, you can find out who just called. Cell-phone bills list the numbers of calls made and received. If you know your spouse's voice-mail code, you can listen to his messages. Some pager systems keep track of the last dozen pages. And computers can be treasure troves: Open a computer's E-mail trash files, and you'll find the messages someone has deleted." A TV network is even planning to help nab adulterers: The new show *Cheaters*—slated to air this fall on UPN—will hire private detectives to catch the guilty in the act, then record the wronged spouse's confrontation.

The bad news: There are some new protections for cheaters, such as the London-based Alibi Agency, which for a small fee will mail an invitation to a nonexistent conference or provide another credible excuse for a mate who wants to get away to meet a lover. The agency will also provide coverups if a spouse calls to check on her partner.

WHO'S AT RISK?

- Those who travel frequently on business. Vulnerability increases when contacts are fleeting, as on business trips; people are more likely to cheat when they think they won't get caught, says Andrew Christensen, a professor of psychology at UCLA and author of *Reconcilable Differences* (Guilford Press, 1999).
- Those whose parents were unfaithful. Family isn't destiny, however: In some cases, the children of cheaters are so revolted by their parents' actions that they won't repeat them.
- People who work in professions where cheating is common, such as the entertainment industry, and those whose close friends play around. "We're influenced by the models we see," says Christensen.
- Couples who have reached one of marriage's inevitable crisis points: the end-of-honeymoon phase; the birth of a child; when kids hit adolescence; midlife.

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AFTER THE AFFAIR

Psychologists have developed [illegible] new approaches to rebuilding a marriage. One is based on trauma research: "Infidelity shatters our assumptions about how the world works," says Kristina Coop Gordon, Ph.D., assistant professor of psychology at the University of Tennessee in Knoxville, who developed this therapy along with several colleagues. The program involves about twenty-six sessions. The first eight or so focus on how the affair has affected the marriage; the next eight explore why it occurred. In the final sessions, a therapist helps the couple move forward. "If you don't know why a trauma occurred, you can never feel 'safe,'" says Gordon. "But if you're aware of the danger signs you missed and have identified what needs to change, you can feel safe again."

Forgiveness therapy strives for a quicker fix. In one three- to four-hour session, "I try to help people understand that you can separate the pain you feel from the decisions you make," says Frederick DiBlasio, Ph.D., a professor of social work at the University of Maryland, in Baltimore. First, the offender explains what he did and why. Then the betrayed spouse gets to ask specific questions about the affair. The couple create a plan to prevent future infidelity, then the betrayer makes a formal request for forgiveness. Afterward the couple symbolically celebrate their forgiveness. For most couples, therapy continues, says DiBlasio.

RESCUING A MARRIAGE

Julie*, forty, a substitute teacher, was devastated when she discovered that her husband of fourteen years was cheating. "My immediate reaction was to get a divorce," she says. Instead, Julie and her husband tried forgiveness-based counseling, a new therapy. "There was one long session during which I could ask detailed questions about his affair," she recalls. "It was horrible to hear that the times he said he was going out with friends from work he was actually with another woman, but it was a relief to finally hear the truth. We discussed how both of us needed to change for the marriage to work. For the first time, Lee* understood that true closeness terrified him, and that having an affair was his way to push me away.

"We celebrated our recovery by renewing our vows in April 1998. Lee told me over and over how much he loved me, and I recited lines from 1 Corinthians 13:7—'Love bears all things, believes all things, hopes all things, endures all things.'

"I never would have wanted the affair to happen, but our marriage is stronger now," says Julie. "For the first time, I feel completely loved."



"It was horrible to hear about his cheating, but it was a relief to hear the truth," says Julie*

SHOULD YOU TELL?

If an affair is ongoing and a mate has grown suspicious enough to ask whether you're cheating, therapists say yes. But if the infidelity occurred years ago and your marriage is strong now, many experts say that discretion is better than confession. "What purpose would the crisis created by disclosure serve?" asks Glass.

ARE YOU HAVING A NONSEXUAL FLING?

The true hallmark of infidelity is not extramarital sex but the creation of a clandestine alliance, say experts. Even if it's chaste, a close friendship between members of the opposite sex can be destructive. "The danger comes when you meet secretly and exchange more intimacies with your friend than with your husband," says Shirley Glass, Ph.D., a psychologist in Owings Mills, Maryland, and an infidelity researcher. How can you tell if a friendship is potentially troublesome? Tell your spouse about it, says Don-David Lusterman, Ph.D., a therapist in Baldwin, New York, and author of *Infidelity: A Survival Guide* (New Harbinger Publishing, 1998). "If you find you can't or won't, it's a problem."



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1. *Cook the chicken tenders using manufacturer's instructions.*
2. *Warm tortillas according to package directions.*
3. *Place 1 tortilla on serving plate. Sprinkle with ¼ cup lettuce. Add 1 portion cooked chicken and ¼ cup cheese. Top with 1 tablespoon Pace Chunky Salsa or sauce.*
4. *Fold up one end of tortilla, then roll up lengthwise, leaving one end open. Repeat with remaining tortillas.*

Prep. time: 5 min. Cook time: 13 min. Servings: 3–6

For more tasty "family–and–friend–pleasing" recipes visit www.missionfoods.com

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IN THE NEWS

MED SCHOOL IN SIX WEEKS

Have you always wanted to know more about medicine? Or have you even contemplated going to medical school (if only it weren't for all those tests and late nights)? If so, you're not alone. Mini–medical schools, quickie courses designed for the curious public rather than doctors-in-training, are cropping up around the country.

In the last couple of years, an estimated seventy-five medical schools have begun offering classes to lay people interested in learning more about medicine—and the programs are highly popular. Last fall, for example, when the University of California, San Francisco, announced its first six-week mini–medical school program, which meets once a week, more than six hundred people "applied" for the four hundred first-come, first-serve slots.

While there are no cadavers or dissections, the programs do cover a wide range of topics, including anesthesia, radiology, cancer biology, medical ethics and more. A mini-med student might study the latest scientific evidence about how stress sabotages immunity or learn how—molecule by molecule—pain messages travel through the nervous system. A session on cardiology might offer a chance to learn how to read an EKG, while one focusing on the brain might demonstrate how seizures happen. Other sessions could address the latest developments in cancer research. While many of the programs are free, some charge a nominal fee (under $100). "The goal is to help people understand more about medicine," notes Bruce Fuchs, Ph.D., director of the Office of Science Education at the National Institutes of Health, in Washington, D.C.

Those signing up for the courses include science devotees, closet hypochondriacs, Doogie Howsers, and, of course, people who would simply jump at any chance to spend hours with doctors and have their questions answered. —Dianne Hales

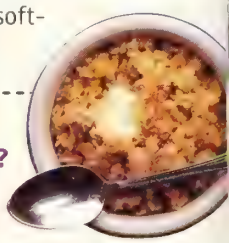
To find a mini-med school near you, go to http://science-education.nih.gov/minimed

BODYBRIEFS

KICK DEPRESSION
A Canadian study found that women who participate in **aggressive sporting activities like boxing and hockey are less depressed** than those who burn calories in noncombative sports like aerobics.



BAD BRUSHING Not brushing you teeth enough is a no-no, but so is brushing too forcefully. According to the American Dental Association using a too heavy hand could **erode the teeth's protective enamel.** To avoid ensuing problems such as tooth sensitivity and receding gums, use gentle, short strokes and a soft-bristled brush.



THE NEW DIET FOOD?
Eating **oatmeal for breakfast can help with weight control** by curbing appetite at lunch, according to a study conducted at New York Obesity Research Center at St. Luke's Roosevelt Hospital Center. Researchers say that the fiber in oatmeal takes longer to digest, helping you feel full longer.

EAT CHOCOLATE! The sweet treat contains substances with antioxidant properties thought to **aid in fighting cancer and heart disease,** according to a Dutch study. Fans of dark chocolate may benefit the most: It has three times the number of protective compounds as milk chocolate.



—Christine Many

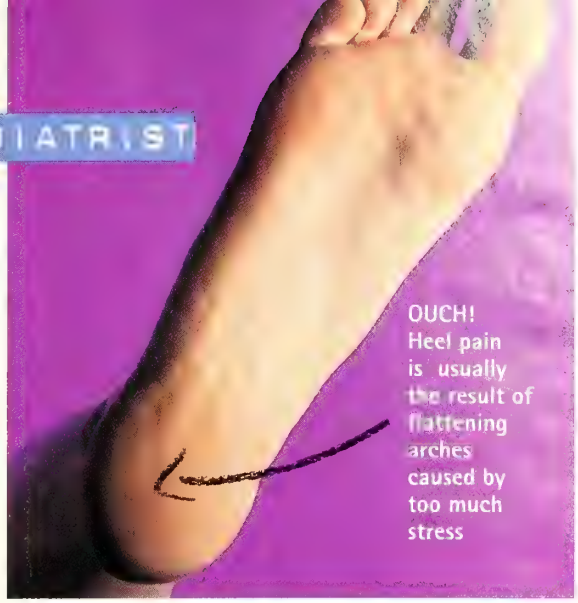


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ASK THE PODIATRIST

Q MY HEEL REALLY HURTS LATELY. WHAT'S GOING ON?



OUCH! Heel pain is usually the result of flattening arches caused by too much stress

A The pain you describe most likely stems from a pulled ligament in your arch or heel, which could be the result of a flattening of the arch, says Ronald Jensen, D.P.M., from Modesto, California. The problem, which is very common and often referred to as fallen arches, is usually the result of some type of overuse or overstressing of the foot. Think about any changes that may have occurred in your daily activity: Have you suddenly increased the amount of walking you do or the weight you lift? Are you pregnant or have you gained a significant amount of weight recently? Any of these things may accelerate the flattening of the arch. Try to reduce activity for a week. If the pain doesn't subside, see your podiatrist. After doing an exam, he or she may recommend an over-the-counter arch support or prescribe a custom-made orthotic, which will help bring your foot into proper alignment. You may also be advised to buy better-fitting shoes. —Julia Cibul

3 MYTHS BELOW THE BELT

MYTH #1: A foul or "fishy" smell is normal and can be alleviated by douching.
TRUTH: An odor is probably a sign of a vaginal infection, which can't be cured by douching. (In fact, douching may cause infections.) See your doctor.
MYTH #2: Yeast infection is the most common vaginal infection.
TRUTH: Bacterial vaginosis (BV) is more prevalent. Symptoms include a thin, milky or gray discharge, a foul or "fishy" odor and vaginal itch. Yet many women mistake these symptoms for a yeast infection and try to self-treat. If you do have BV, you'll need an antibiotic to clear it up.
MYTH #3: An annual Pap test can detect vaginal infections.
TRUTH: Testing for vaginal infections is not part of a routine exam; discuss any symptoms with your doctor. —Christine Many

Charting Your Health
DRUGSTORE DISEASE-FIGHTERS

An aspirin a day to keep cancer away? While it's too early, in most cases, to recommend specific doses, some studies show that over-the-counter (OTC) pain relievers are good for more than just treating minor aches and pains. To avoid risks associated with overuse, don't exceed the dosages on the package label. —Marcy Lovitch

DRUG	BEST FOR TREATING	NOTABLE BENEFITS	RISKS
ASPIRIN	Fever, aches and pains; joint and muscle inflammation; discomfort from colds or osteoarthritis	Subjects who took four tablets a week cut their risk of colon cancer by 50%; 325 mg or less per day can help prevent heart attack and stroke	Upset stomach; gastrointestinal bleeding; could trigger attacks in some asthmatics
ACETAMINOPHEN	Fever; headaches; menstrual cramps; sprains; minor aches and pains; cold symptoms	Two tablets per week may cut ovarian cancer risk in half; in a study, 1,000 mg every six hours for eight doses lowered LDL cholesterol	Overuse can cause stomach discomfort and bleeding (in rare cases)
IBUPROFEN	Swelling and inflammation; muscle aches; tendinitis; toothaches; backaches; menstrual cramps; fever	Studies show that taking ibuprofen cuts Alzheimer's risk and may reduce the risk of breast cancer	Overuse can cause stomach discomfort and bleeding
NAPROXEN	Chronic pain; pain from arthritis; tendinitis; menstrual cramps; inflammation	Provides longer-lasting relief than the other OTCs; thought to have similar disease-fighting properties as ibuprofen	Stomach upset and bleeding; some ulcers; kidney damage (in rare cases)

Consult with your doctor before taking any medication long-term.

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NAOMI Now

After nine years of coping with a potentially fatal illness, Mama Judd hits the road again—with daughter Wynonna

By Judith Newman

Q: Tell us what it's like to be touring again after all these years.

A: Emotional fireworks! The first night I had the awesome realization that I was going onstage after nine years in the shadows. I felt the weightiness of the responsibility of people who were looking at me as a ray of hope—I'd lived with this chronic disease, hepatitis C, and gotten healthy.

Q: What do you do to stay healthy?

A: I drink water continuously, eat healthy—no red meat, just chicken and fish—and listen to my body. I could set the Olympic record for sleeping. When I get into the bunk on my bus, I go into this profound sleep.

Q: How about your emotional health?

A: For the last nine years I've been doing holistic things, like making sure I have two hours of quiet time in the morning. And I pray. I've also learned to say no. I'm a recovering perfectionist.

Q: You call this your Power to Change tour. You, Kmart and LHJ are sponsoring a contest for women to tell their stories of personal transformation. What do you mean by power to change?

A: When we first toured, we called our bus the Juddmobile; the next one was the Dreamchaser. This bus is called Seeker.



"Our mother-daughter relationship was codependent. Now it's a woman-to-woman thing"

There's been an evolution since Wy and I were last on the road.

Q: How has your relationship changed?

A: It's more of a partnership. Before, the relationship was co-dependent. We'd never been apart for twenty-seven years. We shared a bus, a stage. When you have as dominant a personality type as mine, that's not always good. Now, it's much more of a woman-to-woman thing.

Q: Is there a secret to mother-daughter harmony?

A: Separate buses! She's on her bus with the two kids and the nanny. I've got my aromatherapy candles and New Age music.

Q: How has life been for Wy since the divorce?

A: There's been a metamorphosis—a whole maturation thing. Not long ago, we were sitting around, and she said, "Mommy, am I ever going to have it all together?" And I said, "Oh, heavens, no. It's all a process." It's all about living in the moment.

Q: How's Ashley? Has she changed a lot since she's had such success in movies?

A: No! We don't really talk about movie stuff. I come home after this enormous adventure with Wy, and get to sit in Ashley's kitchen and have her make her scratch biscuits for me.

Q: Would you like her to get married?

A: I very much want her to get married, because life is more important than show business.

Q: What do you think of her current boyfriend [race-car driver Dario Franchitti]? Is he a keeper?

A: He's a ten on the boyfriend scale! But then I've always been satisfied with Ashley's choices. Her last boyfriend—Michael Bolton—sent me flowers for my birthday.

Q: Any on-the-road beauty secrets?

A: Pond's Cold Cream—I buy it by the tub.

Q: If you could be any man in the world for a day, who would it be?

A: I'd be George Tenet, director of the CIA. Because I'm insatiably curious.

Years ago, William Webster, then the director of the CIA, wanted to date me. We never did date, but my girls were convinced that if I married him he'd implant homing devices in them, and they'd never be able to have sex again. ■

Judith Newman wrote about Candice Bergen for the March issue of Ladies' Home Journal

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2004



Breast Cancer BREAKTHROUGHS

Revolutions in prevention, diagnosis and treatment are leading scientists closer to a cure

By Wendy Naugle

Nancy Brinker, founder of the Susan G. Komen Breast Cancer Foundation, named for her sister who died from the disease, overlooks last year's Race for the Cure, in Washington, D.C.

IT'S THE NEW FRONTIER OF BREAST CANCER RESEARCH. "THE NEXT GENERATION OF CANCER THERAPEUTIC DRUGS WILL BE TAILOR-MADE," SAYS JERRY SHAY, M.D., PROFESSOR OF CELL BIOLOGY AT UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER, IN DALLAS. "WHEN A PATIENT COMES IN, WE'LL TAKE A DROP OF HER BLOOD, AND KNOW EXACTLY WHAT KIND OF CANCER SHE HAS AND EXACTLY WHAT DRUG TO USE." IT MAY SOUND LIKE A FUTURISTIC GOAL, BUT AT LEAST ONE SUCH BREAST CANCER DRUG IS ALREADY ON THE MARKET (SEE "TOP THREE ADVANCES IN TREATMENT," ON PAGE 158). OTHER DEVELOPMENTS ARE GIVING EVERY WOMAN PERSONALIZED CARE—FROM GETTING THE BEST DIAGNOSIS BASED ON HER BREAST TISSUE TO FITTING RADIATION THERAPY INTO HER BUSY SCHEDULE. HERE'S A PRIMER ON THE MOST PROMISING BREAKTHROUGHS AHEAD.


If you're over 60,
you should know
the warning signs
of osteoporosis.
Unfortunately,
there aren't any.
The fact is, if you're 60 or older, there's a nearly 1 in 2 chance you have osteoporosis. But early on, osteoporosis is a silent disease, so you may not see any signs. However, eventually it can lead to broken bones or the disfiguring dowager's hump. The good news is, if osteoporosis is detected early enough, its effects may be prevented.
A simple, painless exam called a Bone Density Test can measure the health of your bones. Ask your healthcare professional if this test should be part of your health evaluation, like your mammogram and Pap smear. Because if your bones are thinning, there are treatment options that can help strengthen them, and let you continue to lead an active, independent life.
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TECHNOLOGY PUT TO WORK

Thanks to 3-D technology, **intensity modulated radiation therapy** (IMRT) can reduce the "hot spots" many women feel during external breast radiation. Because tissue may be thinner at the nipple or edge of the breast, an even dose of radiation can cause painful burning and soreness. IMRT, which uses computer imaging to map the breast and adjust radiation doses, has the same high success rate as standard radiation, with fewer side effects.

Digital mammography could be the next high-tech screening tool. The technique uses a digital detector instead of film to capture the image of the breast; technicians can improve the contrast and intensity of the image, making ambiguous tumors easier to identify. Right now, however, there is no conclusive evidence that digital mammography is better than film mammography, and studies may take years, says Barbara Croft, Ph.D., program director of biomedical imaging at the National Cancer Institute (NCI), in Bethesda, Maryland.

Magnetic resonance imaging (MRI), which produces detailed cross sections of the breast, also holds promise for breast-cancer diagnosis. But the two-part test may be time- and cost-prohibitive, and evidence suggests that it may have false-positive results. An NCI study of 1,500 patients is starting this spring.

the biopsy you must ask for *Only about 50 percent of patients are offered large core needle biopsy (LCNB) as an alternative to surgery, says Jack Meyer, M.D., professor of radiology at Harvard Medical School and a radiologist at Brigham and Women's Hospital in Boston, despite the good diagnostic and cosmetic results and lower cost.*

top three advances in treatment

Customized drug therapy Almost all cells have HER2 protein, which helps control cell growth. But 20 to 40 percent of women with breast cancer have too much of the protein, which is associated with more aggressive disease. The FDA has approved the drug Herceptin for women who overproduce HER2 protein. In studies, tumors treated with Herceptin stopped growing, shrank and even disappeared. "Herceptin blocks the HER2 receptors and signals the cells to stop growing as aggressively and even die," says Clifford Hudis, M.D., chief of the breast cancer medicine service at Memorial Sloan-Kettering Cancer Center, in New York City. The drug has side effects, but doctors hope it may be the first of many custo[illegible]s.

Targeting radiation to tumor sites Breast brachytherapy uses catheters inserted in the breast to focus radiation to the tumor site, while minimizing exposure to the heart, lungs and other organs. Instead of the typical six-week radiation treatment, it takes only five days. "We were hoping brachytherapy would be as good as the standard treatment, but it may be even better," says Robert Kuske, M.D., chairman of radiation oncology at the Ochsner Clinic, in New Orleans, who has done protocol studies of the technique. One of its biggest benefits: timing chemotherapy. "With brachytherapy, radiation can be complete in one week, and chemotherapy can start two weeks later." Because the technique is already used for other cancers, it can be found in most cities. A phase-III trial may begin within a year.

A better lymph node biopsy When cancer is invasive, surgeons typically remove a set of underarm lymph nodes to test for tumors that may have spread. But sentinel lymph node biopsy (SLNB), removing just one or a few key lymph nodes, may prove to be just as accurate and have fewer side effects, says Armando Giuliano, M.D., chief of surgical oncology and director of the Joyce Eisenberg Keefer Breast Center at the John Wayne Cancer Institute, in Santa Monica, California. Researchers also may have found a way to predict cancer recurrence. In a recent study, women who had traces of cancer cells in their bone marrow had a higher risk of relapse; those whose bone marrow tested negative had a 93 percent survival rate after four years.

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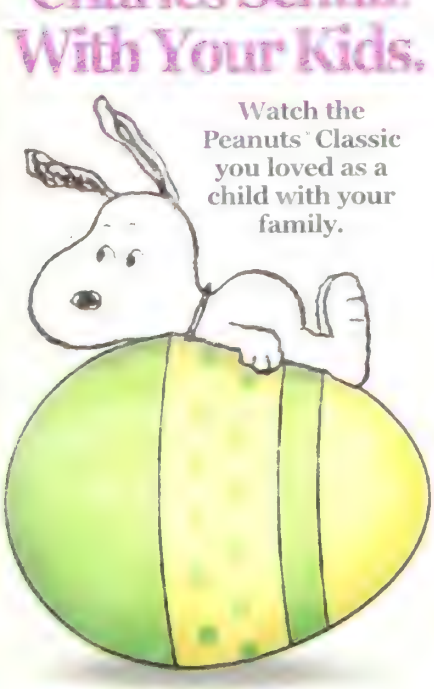


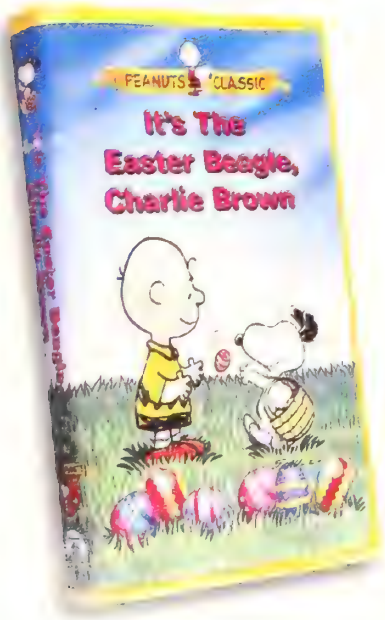
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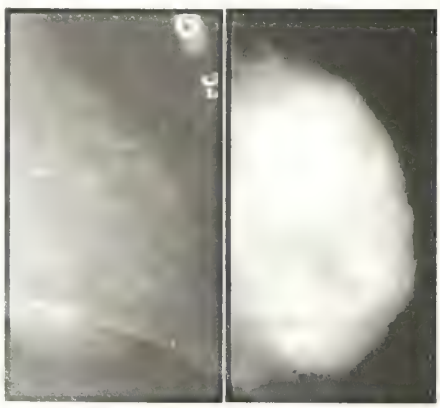
THE BIGGEST BREAST CANCER CONTROVERSY

A Danish report in *The Lancet* started a storm of debate in January when it concluded that mammograms don't reduce the number of deaths from breast cancer. Criticism of the article was swift and severe, but experts agree that mammograms are not an ideal screening tool. The technique misses about 15 percent of all malignancies, possibly more in younger women.

The accuracy of a mammogram depends on breast density, says Thomas Kolb, M.D., a radiologist in private practice in New York City who studies breast cancer detection. Doctors grade breast density on a scale from one to four, one being a breast of entirely fatty tissue, four being entirely dense. Younger women typically have denser breasts, which is one reason that mammograms for women in their forties may not be as beneficial as for women ages fifty and over.

In Kolb's study of over 18,000 women in 1998, mammography found 98 percent of all tumors in those with grade-one but only 55 percent of cancers in grade-four breasts. By adding ultrasound, Kolb was able to increase the number of detected cancers by 17 percent. A study on ultrasound, which will help indicate whether it should be included in the screening process, should begin in about a year.

Doctors can see a tumor more easily in a mammogram of a fatty breast (left) than a very dense breast (right)



Lumpectomy or Mastectomy?

A new study found tha breast-conserving lumpect with radiation was as safe a mastectomy. But wor should make sure they ge thorough lumpectomy. And er study found that wor under age forty-five ha 26 percent rate of cancer currence compared to 9 p cent in older women. Part this recurrence was due smaller lumpectomies, wh are more common in your women. "It's important to move the cancer and a r sonable margin of surround tissues," says Frank Vic M.D., a radiation oncologis William Beaumont Hospita Royal Oak, Michigan.

A Statistic **Every** Woman Needs to Know

A NEW STUDY OF 46,355 POSTMENOPAUSAL WOM FOUND THAT THOSE WHO TOOK ESTROGEN-PROGES HORMONE-REPLACEMEN THERAPY (HRT) HAD A 40 PERCENT INCREASE IN RISK OF BREAST CANCER. "YOU HAVE TO MAKE A PERSONAL DECISION," SA KAREN ANTMAN, M.D., DIRECTOR OF THE HERBE IRVING COMPREHENSIVE CANCER CENTER AT COLUMBIA UNIVERSITY, I NEW YORK CITY. "IF YOU HAVE A HIGH-RISK FOR HEART DISEASE, YOU MIG BE MUCH BETTER OFF ON HRT. BUT THERE ARE OTHER DRUGS TO PREVEN OSTEOPOROSIS."

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Are Vitamins Dangerous?

YOU MAY LOWER YOUR RISK OF BREAST CANCER BY EATING A LEAN DIET RICH IN FRUITS AND VEGETABLES. BUT WOMEN UNDERGOING CANCER TREATMENT SHOULD BEWARE OF SUPERDOSING ON VITAMINS. SOME STUDIES HAVE FOUND THAT IT MAY BOLSTER THE STRENGTH OR LIFESPAN OF CANCER CELLS.

PUTTING YOUR RISK IN PERSPECTIVE

Breast cancer is frightening to women of all ages, but some fear it more than they should. "There's a belief that there's an epidemic of breast cancer among women under fifty, and in fact, it's not true," says Phyllis Wingo, Ph.D., an epidemiologist with the American Cancer Society in Atlanta. Among women under age forty, breast cancer rates have declined at an average of 1.3 percent per year since 1985. Mortality rates have also declined significantly.

Misleading statistics about breast cancer—specifically the often-repeated "one in eight chance"—contribute to the misconceptions. "People interpret that as one in eight women, in the next year, will get breast cancer," Wingo says. "But it's a lifetime estimate." One in eight women who live beyond age ninety will develop breast cancer—a thirty-year-old woman has a 1 in 256 chance of developing the disease over the next ten years.

For more information visit the National Cancer Institute's Web site at www.nci.nih.gov or call them at 800-422-6237. —Christine Many

treatments that may prevent breast cancer

Tamoxifen was approved by the FDA in 1998 as the first pill to prevent breast cancer and is now the most commonly prescribed breast cancer drug in the world. In some women, it may reduce the risk of the disease by as much as 50 percent. But there are caveats to the drug—it can raise the risk of endometrial cancer, stroke and blood clots in the legs and lungs. And one recent lab study found that cells develop a resistance to tamoxifen after five years.

Because of those complications, some doctors are hoping that raloxifene, a drug that has FDA approval for treating osteoporosis but not breast cancer, will be an even better choice. To compare the two drugs, the National Surgical Adjuvant Breast and Bowel Project (NSABP), a breast and colorectal cancer research group in Pittsburgh, hopes to enroll 22,000 postmenopausal women in the Study of Tamoxifen and Raloxifene (STAR). To find out more or to enroll in the

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...for dogs, kills adult fleas and prevents flea eggs from hatching for one m... and control of flea infestations, the prevention ... heartworm disease caused by *Dirofilaria immitis* and the t... of the ear mite, *Otodectes cynotis*, infestations in dogs and cats. Rev... for the treatment and control of sarcoptic mange *Sarcoptes sc*... the control of the *Dermacentor variabilis* infestations in dogs, and the t... intestinal hookworm *Ancylostoma tubaeforme* and roundworm *Toxocar*... Revolution is recommended for use in dogs and cats ... weeks ...

WARNINGS
Not for human use. Keep out of the reach of children
May be irritating to skin and eyes. Wash hands after use and wash off ... spilled with the skin immediately with soap and water. In contact with ey... flush eyes copiously with water. In case of ingestion by a human, contac... medical advice. The material safety data sheet (MSDS) provides more deta... safety information. For a copy of the MSDS or to report adverse reactions ... reactions to this product call 1-800-366-5288.

Flammable—keep away from heat, sparks, open flames or other sources ...

PRECAUTIONS
Use with caution in sick, debilitated or underweight animals (see SAF...
Prior to administration of Revolution, dogs should be tested for existing ... infections. At the discretion of the veterinarian, infected dogs should be ... with adult heartworms. Revolution is not effective against adult *D. im*... Microfilaremia may decrease following treatment ... not effective for microfilaricidal clearance.

Hypersensitivity reactions have not been observed in dogs with patent he... infections administered three times the recommended dose of Revolution ... were not tested.

ADVERSE REACTIONS
Following treatment with Revolution, transient localized alopecia with or ... inflammation at or near the site of application was observed in approxim... 9% of treated cats. Other signs observed rarely, in 0.5% of 1,743 treated ca... vomiting, loose stool or diarrhea with or without blood, anorexia, ... salivation, tachypnea, and muscle tremors.

DOSAGE
The recommended minimum dose is 2.7 mg selamectin per pound (6 m... body weight.

Administer the entire contents of a single dose tube of Revolution topical... with label directions. (See ADMINISTRATION for the recommended treat...

For cats over 15 lbs, use the appropriate combination of tubes.

For dogs over 85 lbs, use the appropriate combination of tubes.
Recommended for use in animals 6 weeks of age and older.

ADMINISTRATION
Firmly depress the cap to puncture the seal on the Revolution tube, then ... to administer the product.

Part the hair on the back of the animal at the base of the neck in front of ... shoulder blades until the skin is visible. Place the tip of the tube on the skin and s... length, to wet the contents directly onto the skin in one spot. Do not ma... product onto the skin. Due to alcohol content, do not apply to broken skin. ... between the product and fingers. Do not apply when the hair coat is wet ... shampooing the animal. One or more hours after treatment will not reduce t... effectiveness. Stiff hair, clumping of hair, hair discoloration, or a slight p... may be observed at the treatment site in some animals. These effects are ... and affect the safety or effectiveness of the product. Discard empty, tu... in normal household refuse.

Flea Control in Dogs and Cats
For the prevention and control of flea infestations, Revolution should be ... monthly, at intervals throughout the flea season, starting one month before ... active. In controlled laboratory studies, >98% of fleas were killed within 3 ... hours. In field studies using Revolution monthly, demonstrated >90% ... infestations ... than 30 days. At the first dose, Dogs and cats treated with R... included those with pre-existing flea allergy dermatitis showed impr... associated with fleas as a direct result of eliminating the fleas from ... environment.

If the dog or cat is already infested with fleas when the first dose of Revol... administered, adult fleas on the animal are killed and immature fleas mat... after the first administration. However, an environmental infestation of fle... for a short time after beginning treatment with Revolution because of the ... of flea development.

Heartworm Prevention in Dogs and Cats
For the prevention of heartworm disease, Revolution must be administered ... Revolution may be administered year round or at least within one ... the animal's first exposure to mosquitoes and a month, thereafter until the ... mosquito season. The final dose must be given within one month after th... last exposure. If a dose is missed and a monthly interval between doses ... then immediate administration of Revolution and resumption of monthly ... minimizes the opportunity for the development of adult heartworms. When re... heartworm preventive product or a heartworm disease prevention progra... of Revolution must be given within a month of the last dose of the former ...

At the discretion of the veterinarian, cats 6 months of age may be teste... the presence of existing heartworm infections before beginning treatment ... Revolution. Cats already infected with adult heartworms can safely be gi... monthly to prevent further infections.

Ear Mite Treatment in Dogs and Cats
For the treatment of ear mite (*O. cynotis*) infestations in dogs and cats, R... may be administered once as a single topical dose. A second monthly ... required in some dogs. Monthly use of Revolution will control and subse... reinfestation. In the clinical field trials ears were not cleaned and many a... debris in their ears after the second dose. Cleaning of the infested ears ... to remove the debris.

Sarcoptic Mange Treatment in Dogs
For the treatment of sarcoptic mange (*S. scabiei*) in dogs, Revolution sh... administered once as a single topical dose. A second monthly dose may ... some dogs. Monthly use of Revolution will control and subse... reinfestation. Because of the difficulty in finding sarcoptic mange mites on ... effectiveness assessments are based on resolution of clinical signs ... Sarcoptes* associated with the mite infestations was observed approx... to 30 days after the first treatment and in approximately 90% of t... after the second monthly treatment.

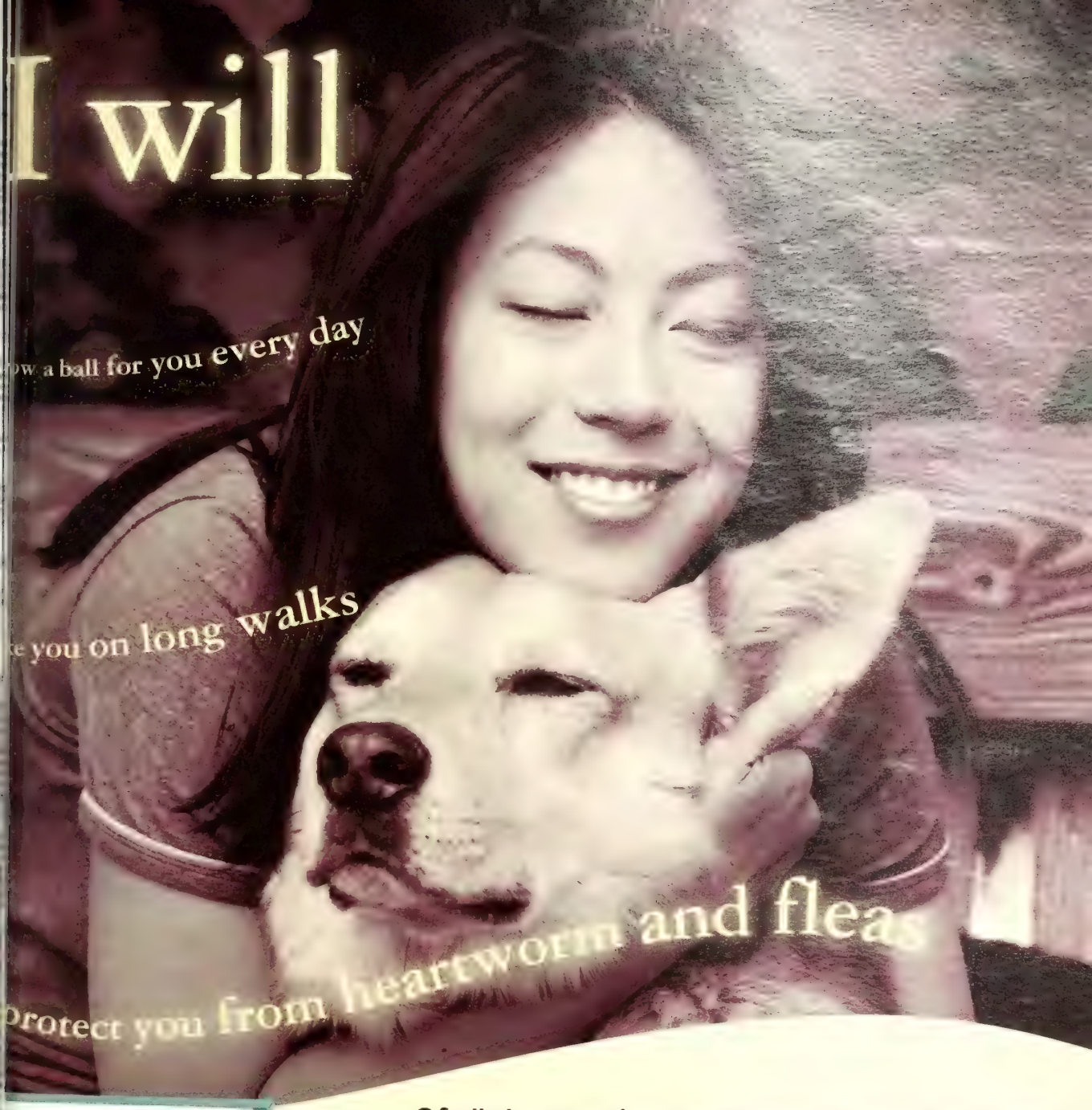
Tick Control in Dogs
For the control of *Dermacentor variabilis* infestations in dogs, Revol... monthly basis in heavy tick infestations. Some ... retreated after the first dose. In these cases, one additional dose may be ... two weeks after the previous dose with monthly dosing continued there...

Nematode Treatment in Cats
For the treatment of intestinal hookworm (*A. tubaeforme*) and roundworm ... infection, Revolution should be applied once as a single topical dose.

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POT Flashes

There's never been a better variety of containers to show off plants and flowers. We asked designer Jessica Clark which works best with what



Pot 1 Cube with geometric openings. **Good for:** A peace lily or Christmas cactus. **Tip:** Line with Spanish moss and use an inner container. **Pot 2** Terra-cotta covered with vintage porcelain pieces. **Good for:** Something simple, such as tulips or daffodils. **Tip:** Plant no more than three to four bulbs in the pot. **Pots 3&4** Black metal pot fitted with galvanized tin pail. **Good for:** Ivy, which will entwine itself in the holes. **Tip:** Weave ivy through the holes to speed the process. **Pots 5&6** Hand-painted Italian terra-cotta. **Good for:** Any small plant. Try a rosemary herb topiary. **Tip:** To protect the hand-painting, use an inner container. **Pot 7** Painted glazed ceramic with side air vents. **Good for:** An orchid (whose roots need to breathe). **Tip:** Line with cocoa fiber first. **Pot 8** Rectangular clay pot. **Good for:** Herbs or lawn grass. **Tip:** Trim grass evenly for an architectural effect. **Pot 9** Clover-shaped aluminum pot. **Good for:** Pansies or primroses. **Tip:** Choose several shades of a single plant variety and group together.



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See How They Grow

AT AGE TWO AND A HALF, THE McCAUGHEY SEPTUPLETS ARE PROGRESSING FASTER THAN THEIR PARENTS—AND THEIR DOCTORS—EVER DREAMED. AND THANKS TO AN AMAZING TREATMENT, THERE'S NEW HOPE FOR THE HEALTH OF THE TWO FRAIL ONES. AN EXCLUSIVE INTERVIEW BY KATHRYN CASEY



The McCaughey clan (clockwise from far left): Kenny, Alexis, Nathan, Mom Bobbi, Natalie, Joel, Brandon, Kelsey and Mikayla

Recently, Bobbi McCaughey, thirty-one, was cleaning her laundry room when she noticed Nathan, one of her septuplets, on his hands and knees at the door. Suddenly, it happened—Nathan crawled.

"I was so happy, I bawled my eyes out," Bobbi says.

While five of the septuplets run around the McCaugheys' Carlisle, Iowa, home, until this spring, Bobbi could only dream of such possibilities for Nathan and Alexis, who were diagnosed with disorders that left them unable to crawl or walk. Nathan suffers from spastic diplegia, a condition that causes spasticity in his legs, while Alexis has hypotonic quadriplegia, which causes muscular weakness in all four limbs.

"We've known since they were a few months old that there were special concerns for Nathan and Alexis," says Bobbi tearfully. "But these last few months, we've seen real progress. We have real hope."

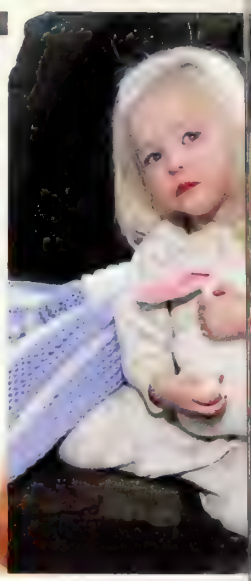
NEW CHALLENGES

When asked to name his wife's greatest gift, Kenny McCaughey doesn't hesitate. "I should be the emotionally stable one; I am the guy," he says. "But she's really even. The biggest thing is her patience."

It's nine o'clock on Thursday morning, and Kenny, thirty, sporting a new mustache, spoons out the morning special—scrambled eggs and hash (continued)







Bobbi believes that both Nathan and Alex "We'll deal with what comes. Nobody know

(continued) browns—to the septuplets. Bobbi runs interference, putting Baby Kenny and Brandon back in their high chairs when they attempt to crawl out, coaxing Natalie and Alexis to eat, cleaning up the hash browns Joel drops on the floor. When Nathan picks at his food, Bobbi isn't concerned. "This isn't one of his favorites," she says. "Last night he ate three platefuls of spaghetti."

Meanwhile, Mikayla, four, in a white nightgown and matching slippers, takes one bite then feeds the next to Catty, a stray kitten they've adopted. "You have to eat," she tells the cat. "That's how you'll grow really big."

After breakfast, Bobbi begins Natalie's tube feeding. Both she and Alexis eat little solid food, getting the bulk of their nourishment from three to four tube feedings a day. In the past few months, doctors have attributed Natalie's lack of interest in eating to an aversion to the way food feels in her mouth. Alexis has motor skill issues involving her tongue and the muscles lining her mouth that make it difficult and unpleasant for her to swallow—a condition for which she's receiving therapy. In addition, they suffer from severe reflux, an ailment similar to adult heartburn but more serious. Both girls vomit frequently.

"With Natalie, it's won't eat, and with Alexis, it's can't," Bobbi says. "But someday they'll eat on their own. They're doing well. We've even passed a landmark: All the kids, even the girls, are now over twenty pounds."

When asked about their biggest challenge, neither Kenny nor Bobbi hesitates. "Discipline," says Bobbi. "Baby Kenny knows when he's done something naughty, like playing in the trash can. So if he knows it's naughty, why's he doing it?"

To help keep things under control, the McCaugheys have gated off their living room and dining room. "Now we don't have to worry that they're swinging from the chandelier," says Bobbi. "They spend more time in the playroom downstairs."

That's where half the brood has headed now. Not to be outdone, Nathan works his way to the stairs and pivots on his belly, lining himself up to slide down legs first, plopping from step to step.

"We've learned we have to let the kids try things," explains Bobbi. "We discovered Nathan could handle steps when we couldn't find him one afternoon. He'd made it all the way down the outside deck."

They're not just more adventurous these days, they're more verbal, too. Kelsey is the most talkative, but all the kids except Nathan can put together complete sentences. However, the septuplets have not developed their own language, as some sets of multiples have been known to do. "From what I've heard, they do that when they don't have enough interaction with adults," says Bobbi. "Around here, that's not a problem."

As six of the toddlers and Mikayla play, Bobbi turns to Alexis, still in her sleeper, who's been scrunching across the floor on her back. Grabbing the pink leg braces Alexis wears, just like the blue ones Nathan uses, Bobbi picks her up and coos, "Come on, Lexi. Time to get dressed."

For a long time, after the children were born ten weeks premature in November 1997, Bobbi admits, she felt guilty about Alexis's and Nathan's birth defects. Although she carried the babies longer than any expert predicted she'd be able to, she wondered if she could have held out for another couple of weeks, and prevented or lessened their disabilities.

"It wasn't something that haunted me. It was just, at times, this fleeting thought," she says. "I'd think, What if





will one day walk, but admits, what's going to happen tomorrow"

there was something different that I could have done."

Then she had a talk with the septuplets' pediatrician, Peter Hetherington, M.D., who said that additional time in the womb might have caused more damage, not less. "Dr. Pete said, in his opinion, because the bigger they got the worse the crowding, that I delivered when I was supposed to deliver," Bobbi says.

When the McCaugheys went public with Alexis's and Nathan's diagnoses last winter, first in the pages of *Ladies' Home Journal*, Bobbi worried about the public's reaction to the news. "But we didn't get any negative feedback," she says. "We've gotten lots of letters from parents who had kids the doctors said would be severely handicapped. Through a lot of physical therapy and prayers, their kids far exceeded expectations."

She also reminds herself not to take situations at face value. There are, of course, women who give birth to single children with disabilities. And in cases of lesser multiples, birth defects aren't uncommon. "There were triplets born [in Iowa] about a year ago, almost full-term, and they're still on ventilators," says Bobbi. "We're fortunate that we didn't have more to contend with."

MEDICAL MILESTONES

At eleven-thirty A.M. the doorbell rings. It's time for the physical-therapy sessions Nathan and Alexis get twice a week. The treatments are paid for by the local school district and the family's health insurance.

Therapy begins on the stairs, where physical therapist Lisa Smith braces Nathan's leg as he crawls up, hesitating on each step to wait for congratulations. Minutes later, he pulls himself up on his walker and zips across the floor.

Meanwhile, Alexis sits in the family room with Renée Bridenstine, an early-childhood special-education teacher, playing "Itsy Bitsy Spider" in order to manipulate and work the muscles in her hands. In no time, Kelsey, Natalie and Kenny have joined in, leading to a wave of giggles.

Therapy isn't always such a happy time. On days they concentrate on stretching exercises, Alexis and Nathan are sometimes reduced to tears from the pain. While it hurts Bobbi to see them cry, she likens it to giving a child medicine for an illness. "I try to comfort them and tell them it's almost over," Bobbi says.

"I can't believe how well they're doing," says Smith, who explains that they set six-month goals for the kids. "The improvement is amazing."

New treatments are responsible for much of the progress. In January, physicians injected Botox, a diluted form of botulism, directly into Nathan's and Alexis's tight or spastic muscles to relax them. This allows physical therapists to work on strengthening the children's other muscles. The shots are relatively painless, and the effects can last anywhere from three to twelve months.

The Botox injections, which have been used for about ten years to treat similar muscle conditions, have no apparent side effects, says Jill Meilahn, D.O., a specialist in physical medicine and rehabilitation in Des Moines. "I expected [Nathan and Alexis] to do well with this treatment, and they are. I'm excited about their progress."

There's also the possibility of surgery to lengthen *(continued on page 214)*

A day in the life of the septuplets (above, from the left): Kelsey, Natalie and Nathan head downstairs for breakfast; after the toddlers finish eating, Bobbi wipes sticky hands and faces; Natalie snuggles on the couch; Bobbi and Mikayla make lunch; Kelsey and Brandon give Daddy a workout



"Martha had fifteen happy years," says her mother, Dorthy, at right. "I think of her life as a gift"

JUSTICE for

IN 1975, FIFTEEN-YEAR-OLD MARTHA MOXLEY WAS BRUTALLY MURDERED. IN JANUARY, AN ARREST WAS FINALLY MADE. THE ACCUSED: A KENNEDY COUSIN. THE HEARTBREAKING STORY OF A MOTHER'S FIGHT TO FIND AND CONVICT HER DAUGHTER'S KILLER BY PEG TYRE



On the unseasonably cool night of October 30, 1975, fifteen-year-old Martha Moxley asked her mother, Dorthy, if she could go out with friends in the neighborhood. She didn't have school the next day, she pointed out, and it was Mischief Night, the evening of practical jokes that precedes Halloween. She promised she'd be home by nine-thirty P.M. Dorthy considered. She was pleased that her daughter had made friends in the Belle Haven section of Greenwich, Connecticut, where the family had moved fifteen months earlier. And Martha was trustworthy. Dorthy said yes—a decision she would regret for the rest of her life.

A few minutes later, the doorbell echoed through the Moxleys' luxurious five-bedroom home. Two of Martha's friends stood at the door. "Good-bye, my dear," Dorthy said. Dorthy would never see her daughter alive again.

Dorthy's husband, David, a partner at an international accounting and consulting firm, was out of town on business, as usual. Her son, John, then seventeen, had gone out with a group of his friends. So Dorthy spent the evening painting the mullions in her bedroom windows. At around nine-thirty P.M., she remembers hearing a commotion—several voices at the side of the house. She stopped painting, switched on an outside light, and looked out the window across her lawn. But it was dark, and she could see nothing.

Dorthy put her paint brushes away, then took a shower and turned on the eleven o' clock news. In the middle of the show, John came home. "John before Martha? That's unusual," Dorthy recalls thinking, trying not to become alarmed. She asked John to look for Martha. He drove around the neighborhood but didn't see her, so he went to bed.

Lulled by the television, Dorthy dozed off. When she awoke, it was around two A.M. She checked Martha's room. The twin beds with stuffed animals were still empty. Now Dorthy was really concerned. Just last weekend, Martha had worried her by coming home late, but they had discussed it. "Martha was usually such a sensible child," says Dorthy. She began calling Martha's friends, asking if they knew where she was. One of her best friends told Dorthy that Martha had stopped by the Skakel home, the Moxleys' neighbors across the street. Dorthy knew Rushton Skakel, the brother of Ethel Kennedy and heir to a metal-making fortune. His wife had recently died of cancer, *(continued)*

MARTHA?

(continued) and his seven children were often left in the care of a nanny and several household servants.

Over the next two hours, Dorthy called the Skakel home three times. She spoke to eighteen-year-old Julie and seventeen-year old Thomas. Yes, Martha had been here, Thomas said. She was hanging out with Thomas and Michael, then fifteen, and a few other neighborhood kids. Thomas told Dorthy that Martha had gone home. Frantic, Dorthy called the Greenwich police. They arrived slightly before four A.M. to search the Moxleys' house and yard.

By mid-morning, Martha still had not returned. Dorthy's mind was filled with terrible questions that had no answers. "Perhaps she stayed out late with a friend and decided to sleep over," she recalls thinking, running through all the possibilities. "Perhaps she is hurt and cannot get home."

She looked out the window and saw a Winnebago parked next to the Skakel house. Did Martha drink a beer or two and fall asleep inside? Dorthy wondered. She walked across the street and rapped on the Skakels' back door. Michael answered. "He looked pale and washed out, not at all right," recalls Dorthy. (She later learned that Michael had suffered from alcohol problems as a youth.) A gardener opened the Winnebago, but it was empty.

Dorthy returned home. Her friends came over to offer her words of comfort. At twelve-thirty P.M., Martha's close friend Sheila McGuire, who lived behind the Moxleys', walked across their back lawn on the way to their house and discovered Martha's battered body, partially hidden from view under a bough of a large pine tree at the side of the house. She had been beaten to death with a golf club, almost beyond recognition (because there was so much blood, police reportedly thought that she had red, rather than blond, hair). The shaft of the club had broken into three pieces, one of which had been stuck into Martha's neck.

"Sheila came to the door, crying hysterically, saying she had found Martha," recalls Dorthy. "I asked, 'Well, is she all right?' And Sheila said, 'No, I don't think so.'" Fearing Dorthy could not endure the sight that had frightened Sheila, a friend volunteered to go. In a few minutes, the woman came back into the house and told Dorthy that her daughter was dead. Dorthy was in shock. "I remember sitting in a chair and not moving," she says. "I knew that if I moved, I would break into a million pieces."

In the days that followed, neither the police nor the mortician would allow the Moxleys to see the violence that had been visited on their child. "They were trying to protect us, and I'm grateful for that," says Dorthy. "My last memories are of her alive and happy."



Dorthy says she'd like to see Michael Skakel in jail. "He's caused me so much heartache, and for twenty-five years he's been free"

Soon the Moxley home was thronged with police. One of Dorthy's friends called David Moxley out of his meeting in Atlanta and told him to come home. While he waited in the airport to catch the next flight home, he learned that his only daughter had been killed.

John was pulled out of football practice at Greenwich High School. The news of his sister's death devastated him, but like his father, he struggled not to show it. "I just shut down," says John, now forty-one, a commercial real-estate broker who lives in Short Hills, New Jersey.

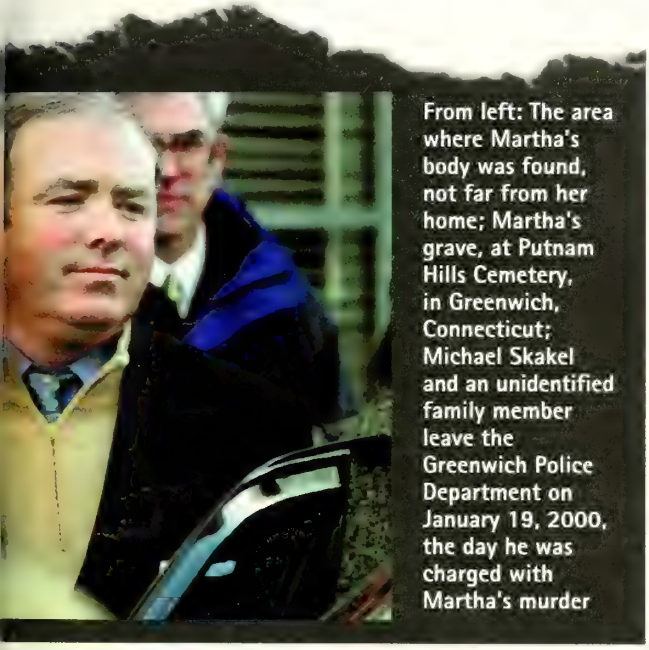
The funeral was held four days later at the local Lutheran church. Five hundred people attended. Martha's friends, their faces wet with tears, carried yellow roses to be placed on the coffin. Throughout the funeral, Dorthy was numb. At the reception, she remembers hugging Thomas Skakel. "I worried that he would be traumatized, since he was the last person seen with Martha before she was killed," she

says. Months later, Dorthy would wonder if she had hugged her daughter's killer.

"Martha had fifteen happy years," says Dorthy, now sixty-seven. "I think of her life as a gift. John liked to be read to, but Martha liked to cuddle." And she was well-liked: "Martha's seventh-grade teacher told me that when she walked into the classroom, it was like the sun coming into the room," says Dorthy.

Mother and daughter were close. They often worked side by side on crafts projects, designing centerpieces or painting flower pots. Until Martha was around twelve, Dorthy made nearly all of her clothes.

The Moxleys had lived in Piedmont, California, before they moved to Connecticut. "We hated to leave," recalls Dorthy. But David's firm had made him an offer he couldn't refuse: head of the company's New York office. Martha and



From left: The area where Martha's body was found, not far from her home; Martha's grave, at Putnam Hills Cemetery, in Greenwich, Connecticut; Michael Skakel and an unidentified family member leave the Greenwich Police Department on January 19, 2000, the day he was charged with Martha's murder

John handled the move well. Martha seemed to fit right in: She got high grades at school and spent her afternoons swimming, playing tennis and shopping. Peals of laughter echoed from her room as Martha and her new friends shared confidences and talked about boys.

Dorthy says she couldn't believe that her daughter had been killed in Belle Haven, a community with its own security guards. Police first looked at outsiders, then considered eccentrics in the neighborhood. Eventually, scrutiny settled on the Skakel household. Not only was the family's house the last place Martha had been seen alive, but the murder weapon, a woman's six-iron, belonged to a set found in the Skakels' house. Investigators began to focus on two young men: Kenneth Littleton, the live-in tutor who had recently been hired to help the Skakel boys with their schoolwork, and Thomas Skakel. By reading Martha's diaries, Dorthy learned that her daughter was friends with Thomas and Michael, who both were rumored to have had a crush on her. "Although Martha had a boyfriend, I think she enjoyed the attention they were giving her," says Dorthy. "The Kennedy name made them like celebrities in the neighborhood."

At first, the boys' father, Rushton, cooperated with police. He also tried to keep in touch with the Moxleys: Three months after the murder, he invited David, Dorthy and John to go skiing with his family in Windham, New York. The Moxleys went because Rush had been a friend of theirs and had sponsored them for membership at the local country club. But the day was terribly strained. "By then, we had our suspicions," recalls Dorthy. "We just didn't want to believe the murderer could be anyone from Belle Haven. Everyone seemed so nice."

Shortly afterward, Thomas Skakel emerged as one of the prime suspects in Martha's murder, and on the advice of his lawyer, Rushton Skakel stopped cooperating with the police. Relations between the Skakels and the Moxleys iced over. "When the Skakels refused to cooperate, it seemed that they were saying, 'We're guilty, and we're not going to talk about it,'" says Dorthy. Adds John: "Rush didn't feel he had to help us. I guess what they say is true: The rich are not like you and me."

From the first day of the investigation, David dealt almost exclusively with the police, answering their questions and urging them forward. "When weeks went by without an arrest, we started to wonder and worry," says Dorthy. Over the years, the Greenwich police—who had little experience with homicides—have been criticized for not searching the Skakel household thoroughly (it's been reported that they allowed the family to conduct their own search for evidence); and failing to secure the crime scene.

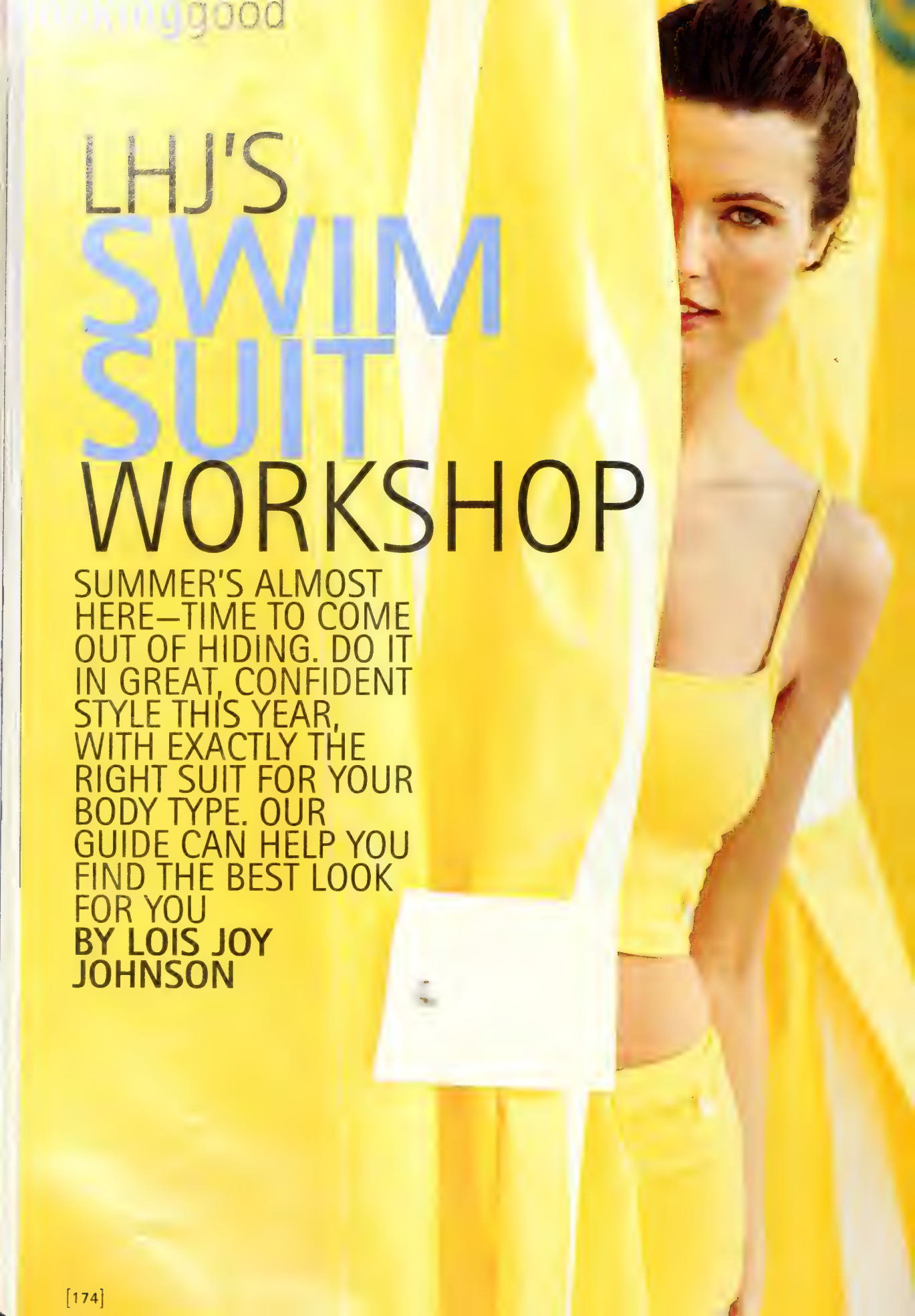
Weeks turned into months, then years. David tried to shield Dorthy from the details of the investigation. "He wanted to protect me," she says. Each family member dealt with their grief individually. Dorthy says she cried often as she sat in Martha's bedroom and read the many girlish letters Martha had written and received, or looked at the family photographs. John was too stricken to comfort his mother, but her tears are etched in his memory. "No one should ever have to see their mother cry as much as I did," he says.

In 1978, the Moxleys moved to New York City. David tried to lose himself in his work, and he was frequently away on business. John went to boarding school, then college. Family occasions were forlorn. "Three years had gone by without any of us talking about Martha," says Dorthy. "So one Thanksgiving, when we were out to dinner, I brought her up. I said, 'Let's see, Martha would have been eighteen now. Martha liked this or that.' Each time I mentioned her, John or David would change the subject. Finally, I started crying and said, 'Just take me home.'" Dorthy found solace in her friends. They took her shopping, out to lunch, and to play tennis to keep her distracted. *(continued on page 210)*

LHJ'S SWIM SUIT WORKSHOP

SUMMER'S ALMOST HERE—TIME TO COME OUT OF HIDING. DO IT IN GREAT, CONFIDENT STYLE THIS YEAR, WITH EXACTLY THE RIGHT SUIT FOR YOUR BODY TYPE. OUR GUIDE CAN HELP YOU FIND THE BEST LOOK FOR YOU

BY LOIS JOY JOHNSON



tummy tuckers

No doubt about it, the tummy is probably the number-one trouble spot when it comes to suiting up. What's the difference between cool camouflage and letting it all hang out? The secret's in the little style details (from top right):

strategic color blocking To shift the focus up and away, two tones work wonders; just be sure the darker shade is on the bottom two thirds. Suit, L.L. Bean, Inc., $64.

high-waist briefs This style will rank right up there with your favorite pair of jeans: Denim boyshorts that ride high enough to accommodate a hidden tummy-control panel, low enough to still look sexy. Suit by GUESS? Swimwear, $92.

sarong-look bottom Skirt the issue: Shirring created by ties at the side conceal a less-than-flat tummy. Suit, Baja Blue, $84.

textured fabrics Thick, puckered fabric with super-hold blends of nylon and spandex suck it in for you. Pick up one in a tiny print like this floral, which keeps the eye from focusing on any one spot. Suit, Adrienne Vittadini, $89.

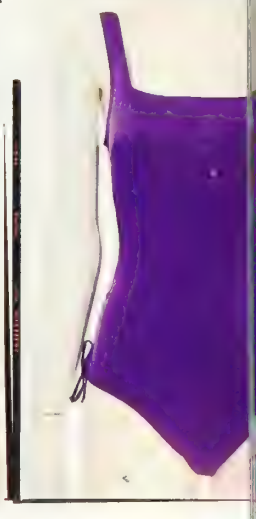










equalizers

Finding the right suit when you're smaller on top, bigger through the hips, thighs and derriere, is all about playing with proportions. Try these tricks (suits pictured top, from left):

miniskirt bottom A simple, straight skirt hides a control panel that smooths hips. Emphasis shifts to the top with a halter bra that has underwire and gathered fabrics to boost the bust. Suit, Swim System, $107.

color-block panel Trim the hips and rear with slimming black below the waist, your favorite bright above. Suit, Anne Cole Collection, $94.

mix-and-match sizing A tankini is a perfect solution—choose a brand that allows you to buy one size for your top, another for the bottom. Suit, L.L. Bean, Inc., top, $34, bottom, $30.

wide neckline Gotta have a full tank? This one helps balance your assets with a wide-cut neckline. Suit, Lands' End, $66.

waist whittle

When your silhouette's a bit boxy with no waist in sight, no problem. These styles give you curves where Nature didn't (pictured bottom, from left):

princess seaming Vertical seamlines that graze the bust, and contrasting color panels optically carve out curves. Suit, L.L. Bean, Inc., $74.

bold fabric Shimmery silver makes a statement on its own. This suit saves the style details for the back, featuring three skinny horizontal straps that shape up a no-waist figure. Suit, Athena, $87.

waist insets Mesh fabric connecting the top and bottom makes a waist and fakes a bikini look. Suit, Anne Klein, $82.

surplice wrap A layered tank top with across-the-bust styling doubles the shape-defining details. Suit, Oscar by Oscar de la Renta Swimwear, $78.







Don't forget the flipside: Even the simplest tank styles sport shape-defining details









Used to be that if you were more than a 34B, you could count on a bathing suit leaving you unsupported and overexposed. With the average bust size now a 36C, this year's crop of suits give you not only support and coverage but cutting-edge style, too.

tankini with hidden support Underneath the smooth, sporty tank-style top are molded bra cups to keep you in shape. Suit, Athena, $79.

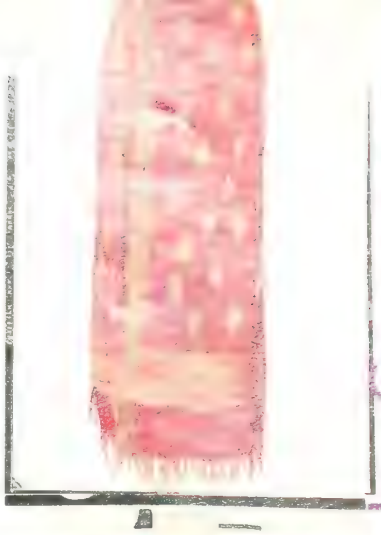
bra wannabe This top has all the function of a favorite full-support bra, but it's ready for public view. Suit, Body I.D., $58.

full-coverage halter Sure, the wide-cut straps provide extra lift, but the Pucci-like print's the thing that distracts the eye and creates the illusion of an equal top and bottom. Suit, Bare Assets, $40.

high neck A tank that scoops just below the collarbone keeps cleavage under cover, de-emphasizing a well-endowed chest. Suit, Cole of California, $78.















Want a little extra coverage walking from the beach to the parking lot, or lounging by the pool? Styles we love (clockwise from top left): **the white shirt** It's a look that never goes out of style, and it's the perfect pick to conceal a large bust. Robin Piccone, $105. **the long skirt** has always been an option to cover up legs, but with ethnic-inspired designs and details, it's never had more style. Free People, $58. **a sweatshirt** As the sun starts to set, zip on a trendy hooded top. OMO Norma Kamali, $215. **mini wrap** Flirty fringe on a miniskirt draws attention away from hip and tummy troubles. Cazimi, $17. **floaty sundress** An animal-print dress camouflages top and bottom. Bare Assets, $38. **knee-length sarong** A Hawaiian-print sarong knotted in front runs interference below the waist. Target, $14.99.

the new american home

HOW IS DOMESTIC HAPPINESS BEING REDEFINED FOR THE TWENTY-FIRST CENTURY? WITH ROOMS THAT MAKE FUN FAMILY TIMES THE VERY TOP PRIORITY

Produced By Kimberlie A. Waugh



Entertaining toys, fun fabrics and offbeat shapes welcome kids into the imagination room. The sofa is downscaled in size, perfect for kids; triangular tables are easy to move and can be placed together to make a single flat surface. Furniture by Lane; recessed ceiling lights by Quorum International; Hunter Douglas wood blinds in natural maple





What if a house had so many great places to unwind that a family would rather be there than anywhere else? The New American Home 2000 is just that kind of place. A collaboration between *Ladies' Home Journal* and a talented team of building and design-industry experts—Custom Homes Group L.L.C., the Evans Group, the National Association of Home Builders, the National Council of the Housing Industry and *Builder* magazine—this show house near Dallas incorporates every feature a twenty-first-century homeowner could dream of, and then some.

In the two previous issues, we toured the home's public rooms, as well as the bedrooms and baths. On view this month are the specialty spaces: the children's play area, the family Internet alcove and the backyard oasis, all of them inviting gathering spots in their own right. "With living areas like these, you'd really have to look hard to find a reason to leave home," says interior designer Susan Orlie. "Kids will want to bring their friends back to the house instead of hanging out at the mall."

The playroom upstairs, located off the children's bedrooms, has so many creative touches that it's been dubbed the "imagination room." A blackboard—actually a three-by-four-foot wall space covered with a new variety of paint that creates a wipeable chalkboard-like surface—invites spontaneous artwork, while a craft area gives kids a handy spot to work on puzzles, build models or fingerpaint. Laminate

THE FAMILY ROOM ITS PLACE: "IMAGI

(continued) treated fabrics, plus a table that folds back into the wall, make cleaning up after artistic experiments easy as can be. Lots of drawers and cupboards keep the room neat while projects are under way. And all this activity gets fueled by snacks and drinks (healthy, of course) kept fresh in the room's own refrigerator drawers. But if all a child wants to do is curl up and read, there's also a sofa, covered in cotton ticking, that's appropriately kid-sized—neither too deep nor too wide. Extra seating is provided by ladder-back chairs that were purchased unpainted so that customized colors could later be applied.

Also upstairs is the Internet alcove, where surfing the Web can be a family affair. Next to the open library loft, and generously lit by large windows, the alcove has room for two to work comfortably side by side. While one person searches online for baseball stats, the other can be keeping busy with school or office paperwork. *(continued)*



Who can resist doodling on a chalkboard? Laminate flooring, plus upholstery and drapes protected with Scotchgard by 3M mean you don't have to worry about kids' art projects making a mess



Two can sit comfortably in the light-filled Internet alcove. A bookcase with pretty molding ties the space to the adjacent library loft; the bottom shelf can be left open to display collectibles, or shuttered to hide clutter

trends: all for the family

- **"Bonus" spaces** that don't feel tacked on, but are integral to a house's design.
- **Fully equipped hobby areas for kids,** complete with convertible tables, versatile storage, easy-care surfaces and fabrics.
- **Hobby areas for parents,** such as the attractive outdoor sideboard table cum gardener's station.
- **Refrigerators that aren't just for the kitchen.** Refrigerator drawers are great for keeping drinks and snacks cold in playrooms and family rooms.
- **Computers that aren't just for the home office.** With an Internet alcove, kids as well as parents have a place to work and play.
- **A backyard that doubles as a family room,** with comfortable furniture that has an indoor look, a fireplace, food prep area and hidden TV.

ST BECOMING AN OLD-FASHIONED NOTION. IN
ON ROOMS," EVEN PATIOS EQUIPPED WITH TV

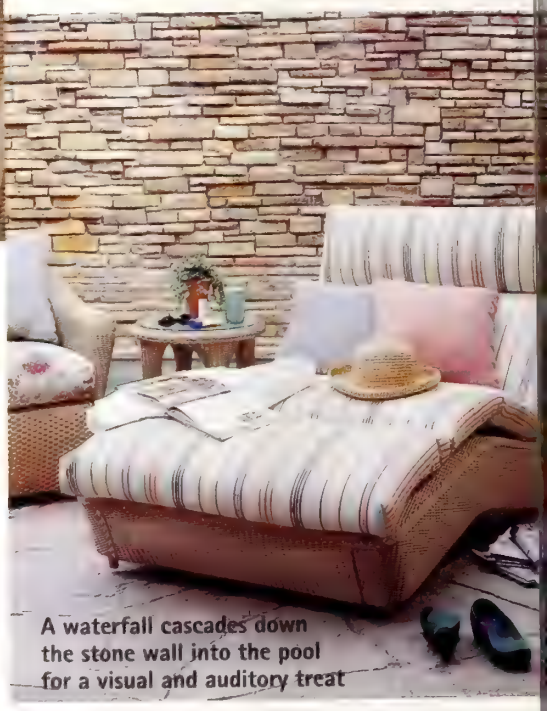


A built-in fireplace, stainless-steel grill, and a TV in its own alcove (hidden by smoked glass) make this backyard as comfy as any room indoors



A backyard gardener's station is pretty and convenient. Antique lidded baskets from Uncommon Market

(continued) As for the outdoor oasis, it practically redefines the word backyard. Visible from nearly every room in the house, this attractive area functions as a stylish extension of the interior. The stainless-steel grill and prep surface makes outdoor cooking convenient, while a stone fireplace surrounded by cushiony outdoor furniture is the perfect spot for relaxing (the furniture has the added plus of being weather-resistant). There's even a TV, unobtrusive behind smoked glass; you notice it only when it's turned on. Perhaps the most eye-catching (and ear-catching) feature is the gentle waterfall, descending a brick wall into the gracefully shaped swimming pool. Uplights and downlights enhance the scene. "At night, this is the prettiest spot in the house," says Orlie. Not to mention the most versatile—it's as perfect for entertaining a crowd of friends as for sharing cozy family time. *—Janet Bailey*



A waterfall cascades down the stone wall into the pool for a visual and auditory treat

STYLISH AND COMFORTABLE, OUTDOOR SPACES HARMONIZE WITH INTERIOR ONES

All photos, Peter Vitale; stylist, Michael Foster. Throughout the house unless otherwise specified or noted: decorative accessories and candles, The Bombay Co.; toys and accessories, Discovery Channel Store; built-in grill with rotisserie, Dynamic Cooking Systems; flowers, 1-800-FLOWERS; paint, Glidden; wood blinds, Hunter Douglas; tabletop, dining accessories, JCPenney; window hardware, Kirsch; furniture, Lane's Home Furnishings Collection; outdoor furniture, Lloyd/Flanders Industries; ready-to-finish furniture, Mastercraft, a division of S.J. Bailey & Sons and Naked Furniture; framed wall art, Michael Alan Designs; area rugs, Nourison; decorative paint, faux-finish kits, glazes, decorator tools, Plaid Enterprises; recessed lighting, light fixtures, Quorum International; lamps, Robert Abbey; drapery, table linens, pillows, table rounds sewn by Singer Sewing Co.; topiaries, plants and accessories, Smith & Hawkin; lightbulbs, Osram Sylvania; fabrics for window treatments, table linens, pillows, Lane upholstery feature Scotchgard protection by 3M; antiques, The Uncommon Market; cabinetry, Timberlake Cabinet Co.; countertops, DuPont-Corian; windows, Hurd; interior/exterior stone, Stone Products Corp.; refrigerator drawers, SubZero; decorative painter, Julie Gembert Moore. Imagination room: drapery fabric, Covington Fabrics, laminate flooring, Traffic Zone by Bruce. Internet Alcove: computer, IBM. Details, page 211.

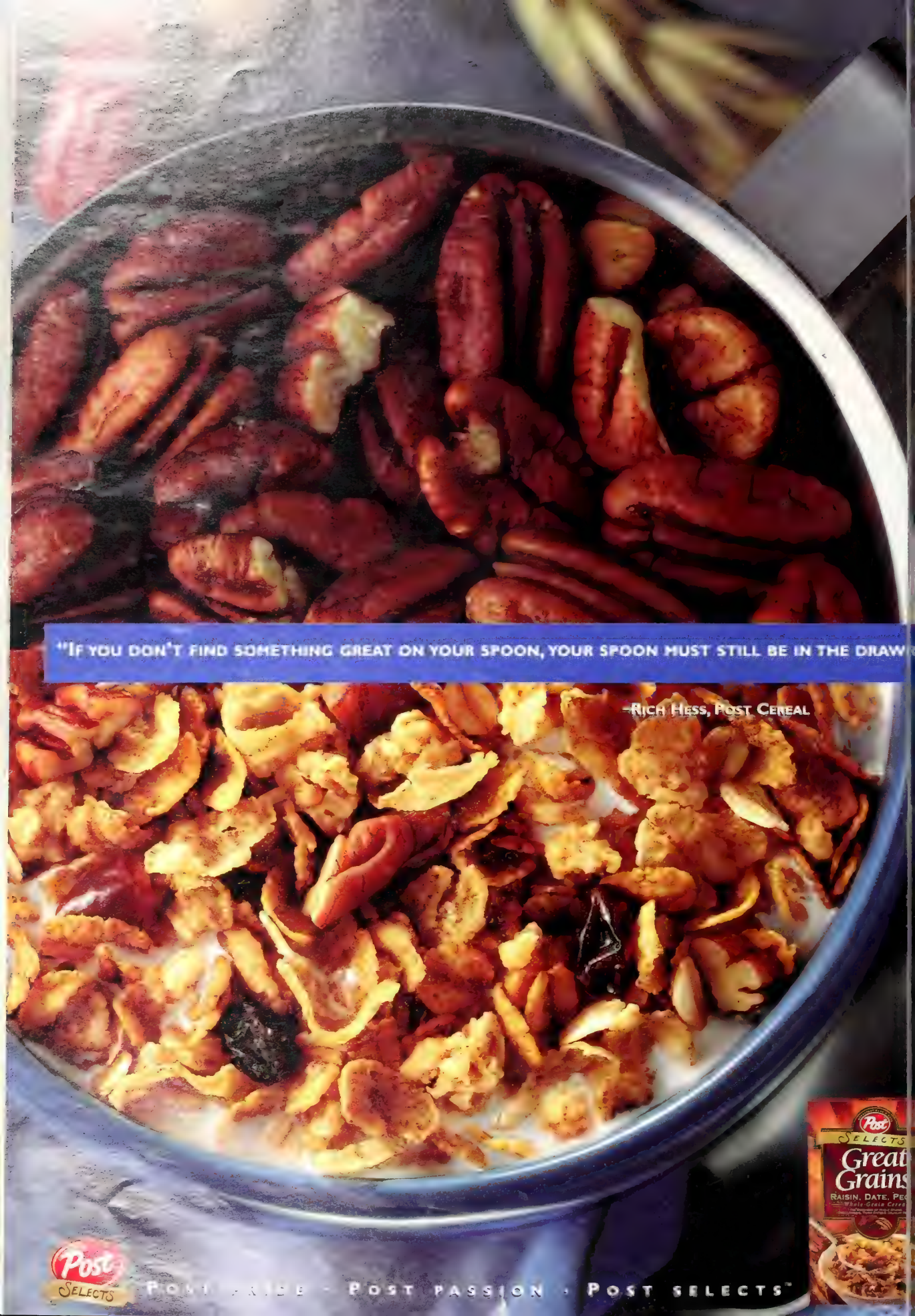
how to **buy** plans

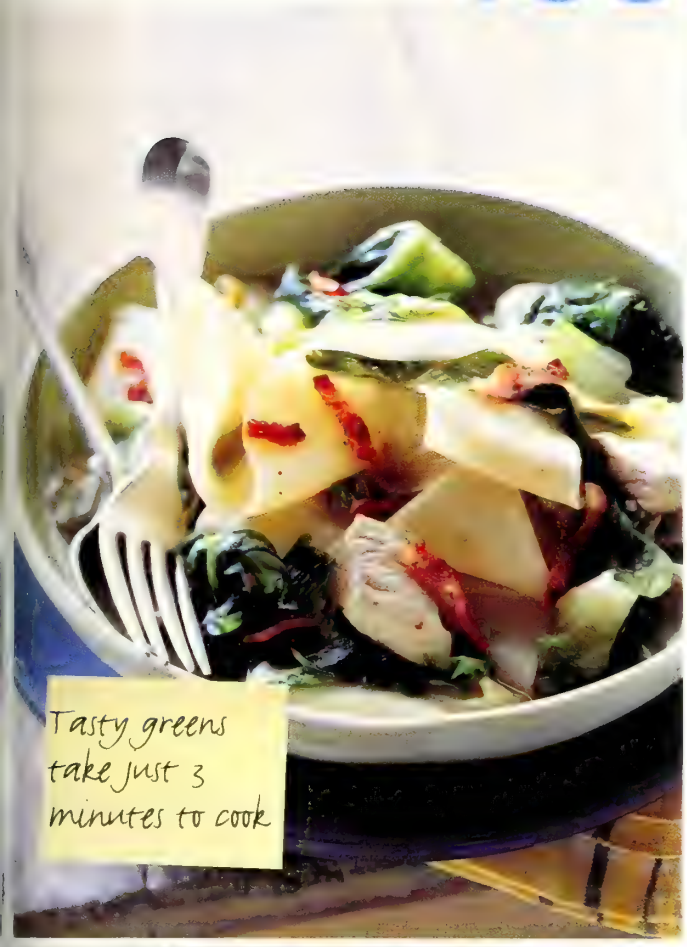
By special arrangement with The Evans Group and *Builder* magazine, you can purchase working drawings, including graphic elevations of this home, for $800.

Prices for the blueprints are as follows: One set sells for $800. Four sets sell for $840. Eight sets sell for $900. Reproducibles sell for $1,100. Artist Rendering Package sells for $100.

To order plans, please call 800-848-2550 and refer to the Ladies' Home Journal® Plan #EGA-002, Key code LHJ04.


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3 QUICK AND EASY MEALS

1. **Pappardelle with Escarole** To get the flavor of a rich, hearty sauce without the wait, start with quick-cook boneless pork chops, bacon and lots of garlic.
2. **Penne with Rustic Tomatoes** Simmering the tomatoes and seasonings in a large, wide skillet intensifies the flavor and cooks the sauce more quickly.
3. **Shrimp and Asparagus on Linguine** Minimize minutes and cut the cleanup: Add asparagus to the pasta pot during the last 2 minutes of cooking time.

PASTA PRONTO

PENNE WITH RUSTIC TOMATOES

Total prep and cooking time: 25 minutes
EASY

- 1/4 cup olive oil, divided
- 1 medium onion, chopped
- 1 can (2 oz.) rolled anchovies and capers, chopped
- 1 tablespoon chopped garlic
- 1 can (35 oz.) whole tomatoes in juice
- 1 pound penne or ziti, cooked according to package directions
- 1/2 cup pitted olives
- 1 teaspoon chopped fresh thyme or 1/2 teaspoon dried
- 1/4 teaspoon pepper

1. Heat water for pasta.
2. Meanwhile, heat 3 tablespoons oil in 12-inch skillet over medium-high heat. Add onion; cook 3 minutes, stirring, until softened. Add anchovies, capers and garlic; cook 1 to 2 minutes. Add tomatoes, breaking up with a spoon. Bring to a boil and boil 5 minutes.
3. Start to cook pasta. Coarsely chop olives. Add to sauce with thyme and pepper; gently boil, 10 minutes.
4. Drain pasta. Return to pot and toss with 2 cups of the sauce. Transfer pasta to a bowl. Top with the remaining sauce and oil; toss again. Makes 4 servings.

Per serving: 685 calories, 21.5 g total fat, 3 g saturated fat, 6 mg cholesterol, 1,518 mg sodium, 102 g carbohydrates, 21 g protein, 126 mg calcium, 5 g fiber

PAPPARDELLE WITH ESCAROLE

Total prep and cooking time: 30 minutes
EASY

- 2 slices bacon
- 1 package (8 oz.) pappardelle or wide egg noodles, cooked according to package directions
- 3/4 pound boneless pork chop, cut into 3/4-inch chunks
- 1 tablespoon chopped garlic
- Salt
- 1 1/4 pounds escarole, cored and chopped
- 1 can (14 1/2 oz.) chicken broth
- 1/4 teaspoon freshly ground pepper

1. Heat water for pasta.
2. Meanwhile, cook bacon in 12-inch-deep skillet over medium-high heat just until crisp. Transfer with slotted spoon to paper towels; drain.
3. Start to cook pasta. Add pork, garlic and 1/4 teaspoon salt to same skillet. Cook over high heat until pork is browned, 2 to 3 minutes. Add escarole, broth, 3/4 teaspoon salt and pepper; bring to a boil. Reduce heat to medium and cook at a gentle boil, 3 minutes.
4. Drain pasta. Toss in large bowl with sauce; crumble bacon over top. Makes 4 servings.

Per serving: 480 calories, 19 g total fat, 6.5 g saturated fat, 61 mg cholesterol, 1,366 mg sodium, 48 g carbohydrates, 27 g protein, 96 mg calcium, 4 g fiber



INSTANT HERB OIL

This 1-2-3 recipe is perfect to drizzle over bread, cheese or salad. Puree 1 cup packed fresh Italian parsley or basil leaves, rinsed and thoroughly dried, 1/2 cup safflower, light olive or grapeseed oil, 1/2 teaspoon fresh lemon juice and pinch of salt in blender. Line sieve with cheesecloth; set over bowl. Pour mixture through sieve, pressing with spoon. Discard solids. Makes 1/2 cup.

SHRIMP AND ASPARAGUS ON LINGUINE

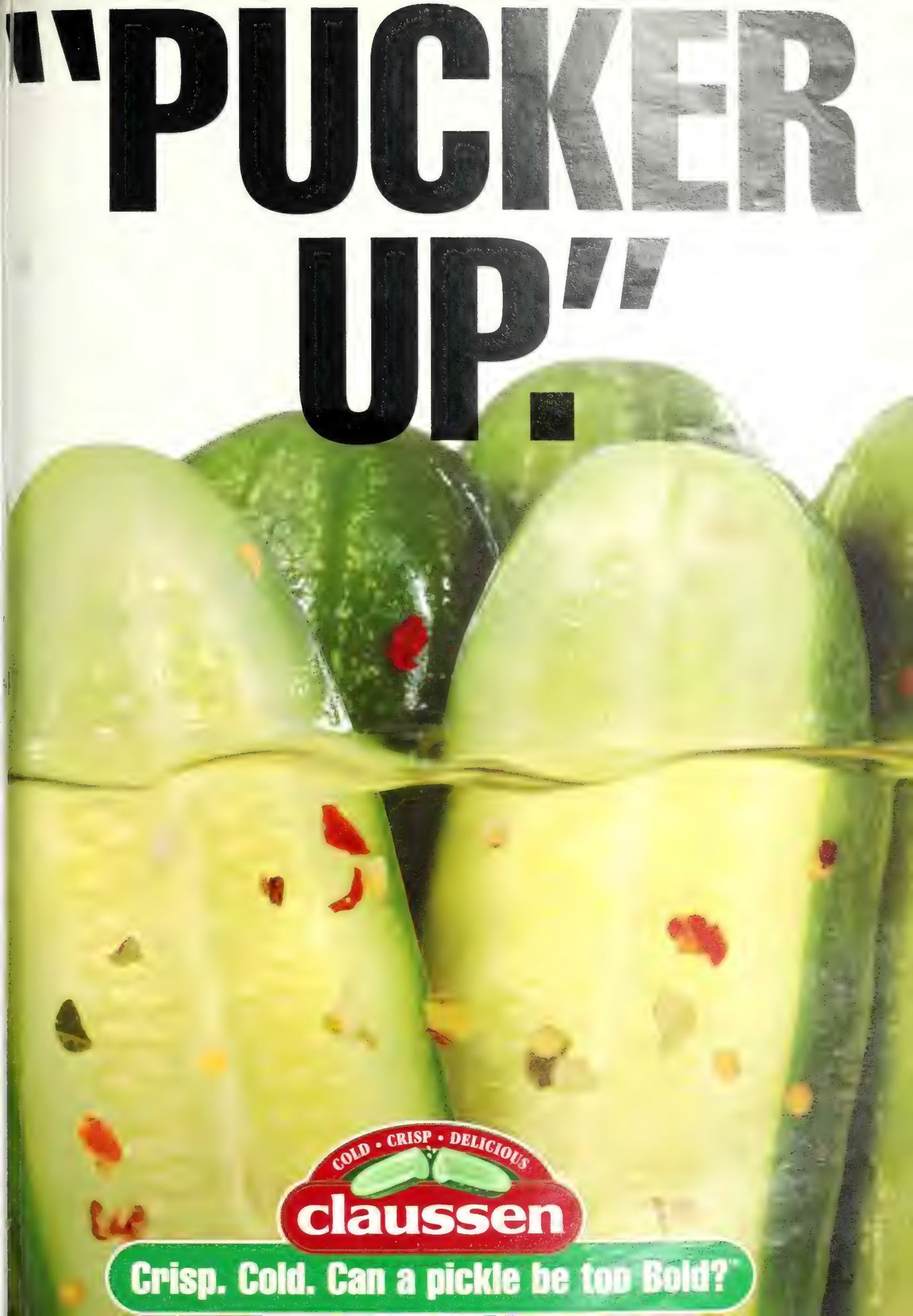
Total prep and cooking time: 29 minutes
EASY

- 1 pound shelled and deveined shrimp
- Salt
- 1/4 teaspoon pepper
- 3 tablespoons butter or margarine, divided
- 12 ounces thin linguine, cooked
- 2 lemons
- 1/3 cup chopped shallots
- 1 can (14 1/2 oz.) chicken broth
- 1 bunch (1 lb.) asparagus, trimmed and sliced
- 2 tablespoons snipped chives

1. Heat water for pasta.
2. Toss shrimp with 1/2 teaspoon salt and pepper. Melt 1 tablespoon butter in 12-inch skillet over high heat. Cook shrimp 1 minute per side; transfer to a bowl.
3. Start to cook pasta. Grate enough peel from lemons to equal 1 teaspoon; squeeze 1/4 cup juice.
4. Melt remaining butter in skillet. Add shallots; cook until golden. Add broth, juice and 1/4 teaspoon salt. Boil 2 minutes; add shrimp and remove from heat. Add asparagus to pasta during last 2 minutes of cooking; drain both. Toss in bowl with shrimp, peel and chives. Makes 4 servings.

Per serving: 560 calories, 13 g total fat, 6 g saturated fat, 196 mg cholesterol, 1,430 mg sodium, 72 g carbohydrates, 38 g protein, 106 mg calcium, 3 g fiber ■

Recipes by Cynthia DePersio

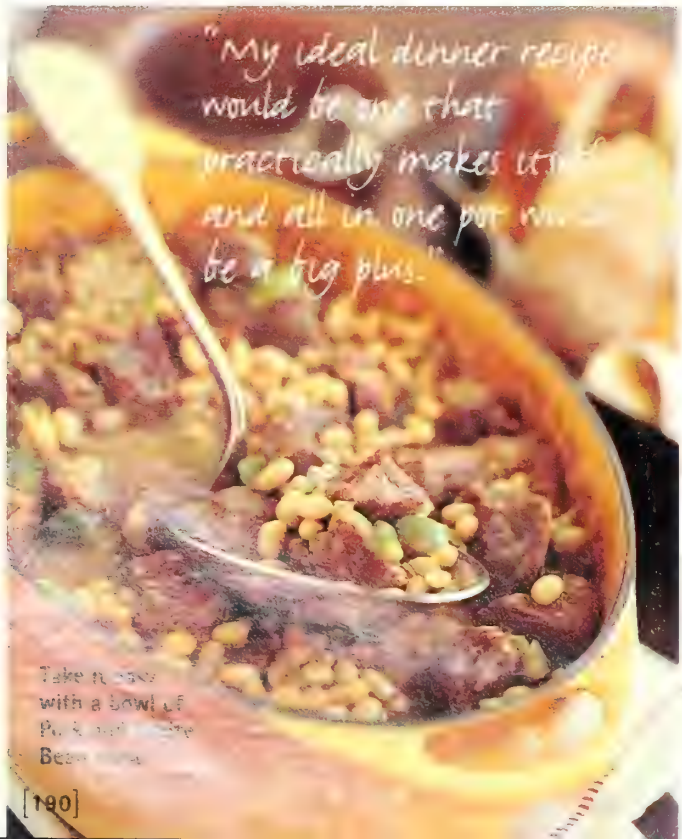

"PUCKER UP."
COLD • CRISP • DELICIOUS
claussen
Crisp. Cold. Can a pickle be too Bold?"



Enchilada Casserole with tortillas, beef and salsa is a delicious do-ahead dish

"I'd love a recipe that I could put together on Sunday to cook and serve on Monday—that's the busiest night at my house."

reader requested



WE ASKED WHAT KIND OF RECIPES WOULD BEST HELP YOU OUT WITH THE DAILY DINNERTIME CHALLENGE. HERE ARE OUR SOLUTIONS: EASY, ONE-POT DISHES, CASSEROLES, NO-FUSS COMPANY FARE AND NEW WAYS WITH CHICKEN. ENJOY!



Italian Hero Calzones are stuffed with favorite deli meats and cheese

[illegible] these pizzas in a pocket: Italian hero and sloppy Joe.

ITALIAN HERO CALZONE

Prep time: 50 minutes
Baking time: 15 to 18 minutes
EASY

2 tablespoons cornmeal
1/2 cup chopped black olives
1/3 cup chopped fresh tomatoes
1 teaspoon plus 2 tablespoons olive oil, divided
1 pound refrigerated pizza dough
8 ounces sliced smoked turkey
1 package (8 oz.) shredded mozzarella cheese
3 ounces sliced salami

1. Arrange oven rack in lowest position of oven. Heat oven to 425°F. Sprinkle cornmeal on a large cookie sheet. Combine olives, tomatoes and 1 teaspoon oil in bowl. Set both aside.
2. Divide dough into 4 equal pieces. On a lightly floured surface, roll each piece into a 7-inch circle. Place one quarter of turkey in bottom half of 1 circle, leaving a 1/2-inch border. Top turkey with one quarter of cheese, olive mixture and salami. Fold top half of circle over filling to form a crescent. Fold edge over and flute. Transfer calzone to prepared sheet. Refrigerate. Repeat process with remaining dough and filling.
3. Divide and brush tops of calzones with remaining 2 tablespoons oil. Bake until golden brown, 15 to 18 minutes. Makes 4 servings.

Per serving: 725 calories, 35 g total fat, 12 g saturated fat, 90 mg cholesterol, 2,086 mg sodium, 63 g carbohydrates, 38 g protein, 314 mg calcium, 2 g fiber

SLOPPY JOE CALZONE

Prep time: 40 minutes plus cooling
Baking time: 15 to 20 minutes
EASY

(continued)

1-2-3 CHICKEN

You asked for new ways to cook up boneless, skinless chicken breasts, so we coated 'em, sauced 'em and gave 'em a rubdown







RECIPE	Tortilla-Crusted Chicken	Cucumber-Yogurt Chicken	Chicken with Herb Rub
CHICKEN	4 boneless, skinless chicken breast halves (6 to 7 oz. each)	4 boneless, skinless chicken breast halves (6 to 7 oz. each)	4 boneless, skinless chicken breast halves (6 to 7 oz. each)
GATHER THESE INGREDIENTS	• 1 cup crushed tortilla chips • 3/4 teaspoon salt • 1/2 teaspoon oregano • 1/4 teaspoon cumin • 1/4 teaspoon freshly ground pepper • 1 large egg • 1 tablespoon vegetable or corn oil	• 1 cup plain low-fat yogurt • 1 cup peeled and diced seedless cucumber • 1/2 cup finely diced radish • 2 tablespoons mayonnaise • 1/4 teaspoon grated lemon peel • 1 tablespoon fresh lemon juice • 1/4 teaspoon minced garlic • 1 teaspoon salt, divided • 1/4 teaspoon red pepper sauce • 1/2 teaspoon ground red pepper	• 2 to 4 teaspoons fennel seeds • 1/2 cup mint leaves, chopped • 2 tablespoons sesame seeds • 2 teaspoons thyme • 1 teaspoon salt • 1/4 teaspoon freshly ground pepper • 1 tablespoon olive or vegetable oil
PREP STEP	Combine chips and seasonings in pie plate. Beat egg in shallow bowl. Dip chicken in egg, then coat in crushed chips.	Mix yogurt, cucumber, radish, mayonnaise, lemon peel, juice, garlic, 1/2 teaspoon salt and red pepper sauce in bowl.	Crush fennel; combine on plate with mint and seasonings; rub over both sides of chicken.
COOK ON STOVETOP	Heat oil in 12-inch nonstick, ovenproof skillet over medium-high heat. Add chicken and cook 3 minutes per side, until brown.	Heat oil in 12-inch nonstick, ovenproof skillet over medium-high heat. Sprinkle chicken with remaining salt and ground red pepper. Cook 3 minutes per side, until brown.	Heat oil in 12-inch nonstick, ovenproof skillet over medium-high heat. Add chicken and cook 3 minutes per side, until brown.
BAKE AT 350°F.	Bake chicken in skillet [illegible] to 9 minutes, until cooked through.	Bake chicken in skillet 8 to 9 minutes, until cooked through. Serve with yogurt sauce.	Bake chicken in skillet 8 to 9 minutes, until cooked through.

SON*

1	y-chromosome
1,200	diapers
9	variations of peek-a-boo
1	set of encyclopedias
43 1/2	hours helping with science projects
1	meaningful conversation per week
20	feet of space when his friends are around
100,000	dollars for college

Shape ingredients into responsible adult. May not adhere to mold.
Remove when finished, or charge rent.



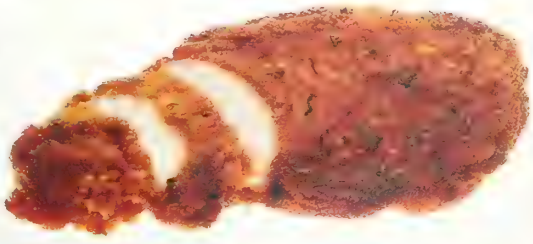
***RESULTS MAY VARY**

CRISPY GARLIC CHICKEN*

1 envelope NEW Lipton Recipe Secrets GARLIC MUSHROOM Soup Mix
1/3 cup mayonnaise
1/4 cup grated parmesan cheese
4 boneless, skinless chicken breast halves (about 1-1/4 lbs.)
2 Tbsp. plain dry bread crumbs

1. Preheat oven to 400 degrees. In medium bowl, combine Garlic Mushroom Soup Mix, mayonnaise and cheese; set aside.
2. On baking sheet, arrange chicken. Evenly top chicken with soup mixture, then evenly sprinkle with bread crumbs.
3. Bake 20 minutes or until chicken is no longer pink.

Makes 4 servings.



***RESULTS GUARANTEED**



www.recipesecrets.com

2 tablespoons cornmeal
1 teaspoon plus 2 tablespoons olive oil, divided
½ cup finely chopped onion
¼ cup finely chopped celery
1 tablespoon chopped garlic
¼ teaspoon salt
1 pound lean ground beef
1 jar (24 oz.) prepared marinara sauce
Half a small carrot, chopped
1 pound refrigerated pizza dough
4 tablespoons freshly grated Parmesan cheese, divided

1. Arrange oven rack in lowest position of oven. Heat oven to 425°F. Sprinkle cornmeal on a large cookie sheet. Set aside.
2. Heat 1 teaspoon oil in large skillet over medium heat. Add onion, celery, garlic and salt; cook, stirring, until vegetables soften, 3 minutes. Stir in ground beef, breaking up with back of spoon. Cook until beef is no longer pink, 3 to 5 minutes. Add marinara sauce and carrot, stirring until combined. Reduce heat to medium-low; simmer 15 minutes. Transfer to large bowl; cool to room temperature, 15 to 20 minutes. Makes 4 cups.
3. Divide dough into 4 equal pieces. Roll each piece on a lightly floured board into a 7-inch circle. Spread ½ cup meat filling in the bottom half of dough circle, leaving a ½-inch border. Sprinkle top with 1 tablespoon Parmesan. Fold top half of circle over filling to form a crescent. Fold edge over and flute. Transfer calzone to prepared sheet. Refrigerate. Repeat process with remaining dough and filling. *(For another batch of calzones or a pasta topper: Refrigerate remaining 2 cups filling up to 3 days or freeze in a microwaveproof bowl up to 2 weeks. To reheat: Microwave on High 5 to 6 minutes.)* Divide and brush the top of each calzone with remaining 2 tablespoons oil. Bake until golden brown, 15 to 20 minutes. Makes 4 servings.

Per serving: 840 calories, 43 g total fat, 12.5 g saturated fat, 90 mg cholesterol, 2,171 mg sodium, 78 g carbohydrates, 36 g protein, 137 mg calcium, 5 g fiber

COMPANY FARE

BBQ BEEF BRISKET

This lip-smacking barbecue brisket is a great dish to serve company, and it won't bust your budget. First, the meat is baked in the oven and refrigerated overnight, then it's heated in a covered grill for delicious down-home flavor.



Prep time: 25 minutes plus chilling
Cooking time: 3 hours 45 to 50 minutes
EASY, MICROWAVE USED

¼ cup firmly packed brown sugar
2 tablespoons cider vinegar
1 tablespoon chopped garlic
1 tablespoon coriander
1 tablespoon ginger
1 teaspoon salt
1 teaspoon Dijon mustard
½ teaspoon freshly ground pepper
1 beef brisket (5½ to 6 lbs.), flat half, boneless
1 pound onions, cut into ½-inch-thick wedges
1 can (32 oz.) tomatoes in juice, drained and chopped
½ bunch fresh thyme sprigs or 1 teaspoon dried, divided
One 3-inch strip orange peel
¼ cup ketchup
1 chipotle chile in adobo, plus 1 tablespoon adobo sauce
1 tablespoon soy sauce
Fresh thyme sprigs, for garnish
Cooked carrots (optional)

1. *Make brisket:* Heat oven to 350°F. Combine brown sugar and next 7 ingredients in small bowl; rub mixture over both sides of beef.
2. Arrange onions, tomatoes, half of thyme sprigs (or ½ teaspoon dried thyme, if using) and orange peel on bottom of roasting pan. Arrange beef on top. Place remaining thyme sprigs or dried thyme on top of beef.
3. Cover pan tightly with foil. Bake brisket until tender, about 3 hours. Carefully remove foil. Cool in pan to room temperature, 1½ hours. Discard thyme springs and orange peel. Wrap brisket in foil. Transfer drippings and vegetables to an airtight container. Refrigerate both overnight. *(Can be made ahead. Refrigerate up to 2 days.)*
4. Prepare grill for indirect grilling. *For gas:* Place a large disposable foil pan in center of bottom grate. Put back top cooking grate. Close lid and heat burners on high (500°F. to 550°F.) 10 to 15 minutes. To grill, adjust burner controls. Be sure to position brisket in center of grill and turn off heat source directly under the beef. *(For triple-burner grill, turn center burner off. For double-burner, turn one side off.)* Reduce heat to low on remaining burners. *For charcoal briquettes:* Open all vents. Build two equal piles of briquettes (16 to 30 total, depending on the size of your grill) opposite each other on bottom grate near the grate's edge. Ignite and burn briquettes 25 to 30 minutes, until coals are covered with a light coating of gray ash. *(If one side seems hotter than the other, use long-handled tongs to rearrange coals.)* Place a disposable foil drip pan in center of bottom grate. Put back top cooking grate with handles over coals so that additional coals can be added through side openings.
5. Meanwhile, discard any fat from the brisket and drippings. Let brisket, drippings and vegetables stand at room temperature 30 minutes. Puree drippings and vegetables, ketchup, chipotle chile, adobo sauce and soy sauce in blender (makes 3½ to 4 cups). Set aside 1 cup of sauce to small bowl for basting. Transfer remaining sauce to medium microwaveproof bowl.
6. Place brisket in center of grill over drip pan. Cover and grill 20 minutes. (For gas, 275°F. to 300°F.) Brush top of brisket with ½ cup reserved sauce for basting. Close lid and grill 5 to 7 minutes. Turn meat. *(continued)*


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BEEF
IT'S WHAT'S FOR DINNER.

READER REQUESTED

[illegible] minutes more. [illegible] and heated through.

7. Transfer brisket to cutting board and let stand 5 minutes. Microwave reserved sauce on High 45 seconds, until hot. Thinly slice meat across the grain. Transfer to a serving platter. Garnish with thyme sprigs. Serve with sauce and carrots, if desired. Makes 10 to 12 servings.

Per serving: 640 calories, 52.5 g total fat, 20.5 g saturated fat, 156 mg cholesterol, 580 mg sodium, 13 g carbohydrates, 40 g protein, 46 mg calcium, 1 g fiber

DO-AHEAD DINNER

ENCHILADA CASSEROLE

It may look like lasagne, but don't let that fool you! This south-of-the-border dinner has layers of corn tortillas (no boiling noodles!), salsa-spiked tomato sauce (for extra zing), chiles, zucchini and cheese. The dish can be assembled a day before you bake it, so it's a perfect timesaving meal for entertaining or a family meal.

Food Editor's Favorite

Prep time: 1 hour 10 minutes
Baking time: 50 minutes
EASY

- 4 poblano chiles (12 oz.), cut in half lengthwise, seeds and stems removed
- 1 jalapeño chile, cut in half lengthwise, seeds and stem removed
- 1 tablespoon olive oil
- 1 cup chopped onions
- 1 tablespoon chopped garlic
- 1 pound ground beef
- 1/2 teaspoon salt
- 1/2 teaspoon cumin
- 1/4 teaspoon ground red pepper
- 1/4 teaspoon cinnamon
- 1/2 pound feta cheese, rinsed and patted dry
- 1 cup whole-milk ricotta cheese
- 2 cups shredded Monterey Jack cheese, divided
- 2 tablespoons chopped fresh parsley
- 1 can (35 oz.) plum tomatoes in juice
- 1 jar (16 oz.) prepared mild salsa
- Sixteen 6-inch corn tortillas
- 1 zucchini, sliced into 1/4-inch-thick rounds
- Tossed green salad (optional)

1. Heat broiler. Line broiler pan with foil. Arrange chiles cut side down in prepared pan; broil 3 inches from heat 10 to 15 minutes, until charred. Transfer chiles to large resealable plastic storage bag and seal. Let chiles stand 10 to 15 minutes, until cool enough to handle. Remove charred skins with small paring knife. Slice into thin strips; transfer to small bowl. Chop jalapeño; transfer to medium bowl. Set both aside.
2. Reduce oven temperature to 350°F.
3. Meanwhile, heat oil in large skillet over medium heat. Add onions and garlic and cook until softened, 2 to 3 minutes. Stir in ground beef, salt, cumin, red pepper and cinnamon, breaking up beef with back of spoon. Cook mixture until beef is no longer pink, 3 to 5 minutes. Transfer to small bowl.
4. Crumble feta cheese in bowl with jalapeño. Stir in ricotta cheese, 1 cup Monterey Jack cheese and parsley. Puree tomatoes and salsa in blender or food processor. Set tomato sauce mixture and cheese mixture aside.
5. Spoon 1 cup tomato sauce mixture on bottom of a 13x9-inch baking dish. Arrange 6 tortillas on top of sauce, overlapping slightly to fit. Sprinkle half of meat mixture on top of tortillas, then half of poblano strips and zucchini slices.
6. Spread half of cheese mixture on top of zucchini. Spoon 1 cup tomato sauce over cheese. Arrange 4 tortillas over top. Repeat process with remaining meat, poblanos, cheese, zucchini, 1 cup sauce and 6 tortillas. *(Can be made ahead. Cover and refrigerate casserole, remaining 1 1/4 cups tomato sauce and 1 cup Monterey Jack cheese separately overnight. Let casserole and sauce stand at room temperature 1 hour.)* Spoon remaining tomato sauce over top. Cover top loosely with foil (try to keep foil from touching tortillas).
7. Bake casserole 45 minutes (60 to 65 minutes if casserole was refrigerated overnight), until tomato sauce is bubbly. Remove foil, sprinkle top with remaining 1 cup Monterey Jack cheese and bake 5 minutes more, until cheese melts. Cool casserole on wire rack 5 to 10 minutes before serving. Serve with tossed green salad, if desired. Makes 12 servings.

Per serving: 400 calories, 24.5 g total fat, 12 g sat[illegible] fat, 79 mg cholesterol, 899 mg sodium, 27 g car[illegible] drates, 19 g protein, 371 mg calcium, 3 g fiber

NEW FLAVORS FOR FISH

CRISPY CATFISH

Our crunchy cornmeal-coated fi[illegible] are served up with creamy blue-ch[illegible] yogurt sauce.



Prep time: 15 minutes plus chilling
Cooking time: 12 minutes
EASY

Blue-Cheese Sauce
- 1 container (8 oz.) low-fat plain yo[illegible]
- 3 tablespoons crumbled blue cheese
- 2 tablespoons mayonnaise
- 1/4 teaspoon minced garlic
- 1/2 cup peeled and diced English cucumber

- 1/2 cup cornmeal
- 1/2 teaspoon ground red pepper
- 1/2 teaspoon salt
- 4 catfish fillets (1 1/2 to 2 lbs.)
- 1 large egg, lightly beaten
- 1 teaspoon vegetable oil
- 2 tablespoons butter or margarine, div[illegible]
- 1 tablespoon hot pepper sauce
- Celery sticks (optional)

1. *Make Blue-Cheese Sauce:* Line a si[illegible] with paper towel or coffee filter; [illegible] over a bowl. Spoon yogurt into si[illegible] cover and refrigerate 1 hour to dr[illegible] Combine drained yogurt and rem[illegible] ing ingredients in medium bowl. C[illegible] er and refrigerate 15 minutes.
2. Meanwhile, combine cornm[illegible] ground red pepper and salt in 9-inch [illegible] plate. Dip each fillet in egg, then co[illegible] cornmeal, shaking off excess. *(contin[illegible]*

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side, until golden brown and cooked through. Transfer fish to each of four serving plates. Melt remaining 1 tablespoon butter in same skillet over low heat; remove from heat. Stir in pepper sauce; divide and drizzle over fish, scraping pan with rubber spatula. Serve immediately with blue-cheese sauce and celery sticks, if desired. Makes 4 servings.

Per serving: 535 calories, 33.5 g total fat, 9.5 g saturated fat, 154 mg cholesterol, 684 mg sodium, 16 g carbohydrates, 41 mg protein, 107 mg calcium, 1 g fiber

ALL IN ONE POT

PORK AND WHITE BEAN STEW

If making dinner seems to always cause a pan jam on your stovetop, it's time to pull out your favorite pot and make this stew. Fresh ginger, soy, Asian chili sauce and slow cooking give this dish wonderfully rich flavor. We use dried beans, not canned, which retain their texture and shape better.

Prep time: 20 minutes plus standing
Baking time: 1¾ hours
EASY, LOW-FAT

- 4 teaspoons olive oil, divided
- 2½ pounds pork butt (pork leg, rump portion, boneless), cut into ¾-inch pieces, excess fat removed
- 1 teaspoon salt
- 1 tablespoon chopped garlic
- 2 teaspoons grated fresh ginger
- 1 pound dry navy beans, soaked according to package directions, then drained
- 2 cans (14½ oz. each) chicken broth
- 1 cup water
- 1 cup finely chopped green bell pepper
- 2 tablespoons light soy sauce
- 1 tablespoon ketchup
- 2 teaspoons Asian chili sauce*
- Crusty bread (optional)

1. Heat oven to 350°F.
2. Heat 2 teaspoons oil in Dutch oven over high heat; add pork and cook 2 minutes. Sprinkle with salt, turn pieces and cook 2 minutes until browned. Stir in garlic and ginger; cook 1 minute more. Stir in remaining ingredients. Bring to a boil; cover and transfer to oven. Bake 1 hour and 45 minutes, until pork and beans are very tender. Serve with crusty bread, if desired. Makes 8 servings.

* AVAILABLE IN THE ASIAN FOODS SECTION OF THE SUPERMARKET OR FROM ADRIANA'S CARAVAN, 800-

Per serving: 425 calories, 11.5 g total fat, 3.5 g saturated fat, 96 mg cholesterol, 1,007 mg sodium, 37 g carbohydrates, 43 g protein, 102 mg calcium, 6 g fiber

VEGETARIAN NIGHT

HEARTY VEGETABLES WITH BASIL MASHED POTATOES

Juicy, luscious portobella mushrooms and fluffy, basil-scented spuds are the vegetarian's equivalent of a hearty meat-and-potatoes meal that's simple to prepare: Sweet bell peppers, green onions and spinach are whipped up in a skillet while the mushrooms oven-roast.



Test-Kitchen Favorite

Prep time: 30 minutes
Cooking time: 30 to 35 minutes
EASY

Basil Mashed Potatoes
- 1 pound russet potatoes, peeled and quartered
- ¾ teaspoon salt, divided
- ⅓ cup heavy or whipping cream
- ⅓ cup milk
- 2 tablespoons butter or margarine
- Pinch freshly ground pepper
- ¼ cup thinly sliced fresh basil leaves

- 1 teaspoon salt, divided
- ½ teaspoon freshly ground pepper, divided
- 4 large portobella mushroom caps (14 oz.)
- 3 tablespoons olive oil, divided
- 1 red bell pepper, cut into ½-inch-thick strips
- 1 yellow bell pepper, cut into ½-inch-thick strips
- 1 bunch green onions, cut into 1-inch diagonal pieces
- 1 tablespoon chopped garlic
- 1 bunch fresh spinach or 1 bag (10 oz.) fresh spinach, trimmed and rinsed

1. *Make Basil Mashed Potatoes:* In potatoes, ½ teaspoon salt and enough cold water to cover by 2 inches to boil in large saucepan. Reduce heat and simmer 18 to 20 minutes, until potatoes are fork-tender. Drain. Return potatoes to saucepan and cook over low heat 2 minutes more to dry. Coarsely mash potatoes with potato masher or large wooden spoon. Stir in cream, milk, butter and remaining ¼ teaspoon salt and pepper, mashing until well combined and heated through. Stir in basil. Cover and keep warm.
2. Meanwhile, heat oven to 425°F. Line a large cookie sheet with foil. Combine ½ teaspoon salt and ¼ teaspoon pepper in a cup. Brush tops and sides of mushrooms with 2 tablespoons oil; sprinkle with salt and pepper. Bake mushrooms 20 minutes, turning once halfway through, until tender.
3. Heat remaining 1 tablespoon oil in large skillet over medium-high heat. Add bell peppers and cook, stirring, until they begin to soften, 5 minutes. Stir in green onions and cook until softened, 3 to 5 minutes. Reduce heat to medium-low; add garlic. Cover and cook vegetables, stirring occasionally, until golden brown, about 10 minutes more. Transfer vegetables to a large plate. Add spinach to same skillet and cook, covered, over medium-high heat until wilted, 2 minutes. Transfer to plate with pepper mixture and mushrooms. Serve with Basil Mashed Potatoes. Makes 4 servings.

Per serving: 450 calories, 24.5 g total fat, 10 g saturated fat, 45 mg cholesterol, 1,016 mg sodium, 51 g carbohydrates, 10 g protein, 136 mg calcium, 8 g fiber ■

Recipes by Jane Yagoda Goodman and Cynthia DePersio.

Which one doesn't belong?









Answer: None - they're all muffins.

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Cinnamon · Strawberry · Blueberry



Sweet on MELON

There are dozens of dazzling, juicy melons on their way to market right now: Chill out with these picks from the patch

A juicy, sugary slice of fresh, ripe melon tastes like no other fruit, and today there is a cornucopia of new varieties to choose from. From now through September you'll find melons in their luscious prime, with a flowery aroma and nectar-sweet flesh. Select a ripe melon by checking for heaviness, firm rind, and a sweet fragrance.

Our Melon Medley recipe below makes the most of the soothing colors and refreshing flavors of these scrumptious fruits, and a simple lime and sugar syrup drizzled on top makes their taste all the sweeter.

MELON MEDLEY

Prep time: 25 minutes plus chilling
Cooking time: 2 minutes
EASY, LOW-FAT, LOW-CALORIE

- 1/4 cup sugar
- 1/4 cup water
- 1/2 cantaloupe or orange-fleshed honeydew, peeled and cut into 4 wedges
- 1 1/2 cups watermelon balls
- 1 cup diced honeydew or Galia melon
- 1/2 teaspoon grated lime peel
- 1 tablespoon fresh lime juice
- 1 tablespoon chopped crystallized ginger (optional)

1. Combine sugar and water in a small saucepan. Bring to a boil; reduce heat to medium-low and simmer 1 minute. Pour sugar syrup into a 1-cup glass measure; refrigerate 1 hour, or until cold. (*Can be made ahead. Cover and refrigerate up to 2 days.*)
2. Arrange cantaloupe wedges on 4 plates. Divide and top with watermelon balls and diced honeydew. Stir lime peel and juice into sugar syrup. Drizzle syrup over melons then sprinkle with ginger, if desired. Makes 4 servings.

Per serving: 110 calories, 0.5 g total fat, 0 g saturated fat, 0 mg cholesterol, 12 mg sodium, 27 g carbohydrates, 1 g protein, 15 mg calcium, 1 g fiber

Recipe by Sarah Reynolds

(continued on page 203)

MELON MENAGERIE

1. Yellow Seedless Watermelon
2. Cantaloupe
3. Sharlyn
4. Juan Canary
5. Orange-Fleshed Honeydew
6. Charentais
7. Galia
8. Piel de Sapo
9. Casaba
10. Muskmelon
11. Watermelon

Turn to page 203 for more on these melons.



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40 **SUNDIAL BEACH RESORT**—A refreshing beachside retreat located on Sanibel Island offering a variety of tropical experiences

41 **COME EXPERIENCE TAMPA**—The Heart & Soul of Florida, including our spectacular sunsets, historic Ybor City and Busch Gardens® wildlife

42 **'TWEEN WATERS INN**—Captiva Island beach to bay resort. Beaches, pool, restaurants, entertainment nightly, tennis, marina, fitness centre

43 **VACATION RESORTS INTERNATIONAL**—For more information on our sunny Vacation Resorts International Florida properties, check out our website

44 ***ALL FLORIDA OFFERS***

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45 **QUALITY INNS, HOTELS & SUITES**—For 60 years, Quality Inns, Hotels and Suites have provided great value and a comfortable guest experience.

46 **SLEEP INNS**—Get what you came for—a good night's sleep. Because every day should have a happy ending.

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49 **HISTORIC CORYDON/HARRISON COUNTY**—Where Indiana History Began.

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54 **BOONE SCENIC VALLEY RR**—"Catch the Train." Operating railroad museum. Passenger, dinner, dessert. Trains for everyone. Fifteen and twenty-two mile rides

55 **BURLINGTON**—Rich in history, Burlington, Iowa, is located on the scenic bluffs overlooking the mighty Mississippi.

56 **CEDAR RAPIDS**—Many seasons, many reasons. Call today for your free area visitors guide!

57 **DES MOINES**—Offers hub-and-spoke tour heaven with suggested itineraries for Hollywood in Iowa, Lewis & Clark Trail, Bridges of Madison County and much more. Day's Inn.

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172. **CODY/BUFFALO BILL**—In Cody, Wyoming, enjoy the Buffalo Bill Historical Center, Yellowstone National Park, rodeos and more!

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ons Menagerie

LOW SEEDLESS:
RMELON: Basketball-shaped. as the juice and texture of elon. Sweet, with hint of orange.

ITALOUPE: Thick, raised g" covers round, straw-colored weet, salmon-tinged flesh with nutty scent.

RLYN: Thin, orange rind h faint netting. Luscious, white s a sweet mix of flowery dew and cantaloupe.

N CANARY: Oval. Smooth yellow ale white, fragrant sweet flesh.

ANGE-FLESHED HONEYDEW: h, rounded. Pale peach rind. oupe-colored flesh, sweet dew taste and texture.

ARENTAIS: Softball-size melon hard, pumpkin-like rind and -green stripes. Thick, sweet, each flesh with flowery aroma.

JA: Thin, light netting over , cantaloupe-like rind. Succulent, een, spicy-sweet flesh.

L DE SAPO ("Frog's Skin"): oval shape, bumpy texture and d, yellow-green skin. White, soft s mildly sweet with a fruity zip oma.

SABA: Oblong. Golden-yellow skin. White-green, melon-sweet as juicy, crisp flavor.

SKMELON (also called Eastern- antaloupe): Like cantaloupe, but aint ribs and oblong shape. y less sweet than cantaloupe, ith a more musky aroma.

TERMELON: Large, football- d, with alternating dark and light stripes, refreshing pink flesh.

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Smartsite Guide Sweepstakes
Continued from page 112

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6. For the winner's list, available after July 3, 2000, hand print your name and complete address on a 3x5-inch card and mail in an envelope to: Smartsite Sweeps Winner, *Ladies' Home Journal*, 125 Park Avenue, New York, NY 10017.
7. Sponsored and promoted by Meredith Corporation, 1716 Locust Street, Des Moines, IA 50309.



YELLOW Sheet Cake

It's a one-pan wonder tailor-made for snacking, toting to a bake sale or serving at a springtime celebration

The yellow sheet cake, a heavenly combination of vanilla and chocolate, is a classic for good reason, but sometimes the bakery-bought version can taste too sweet and sticky. Not this one! We cut the sugar in the cake, and our foolproof technique keeps it velvety without using special cake flour or separating eggs. We also doubled the amount of chocolate you'll find in most frosting recipes, and added sour cream to make it thick, glossy and easy to spread.

YELLOW SHEET CAKE

Indulgent But Worth It

Prep time: 20 minutes plus chilling
Baking time: 35 to 37 minutes
EASY

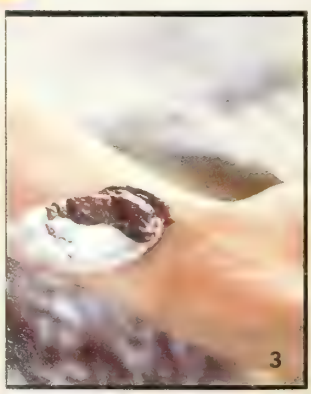
Cake
- 2 3/4 cups all-purpose flour
- 2 teaspoons baking powder
- 1/2 teaspoon salt
- 1 cup milk
- 1 teaspoon vanilla extract
- 3/4 cup unsalted butter, softened (no substitutes)
- 1 1/3 cups granulated sugar
- 4 large eggs, at room temperature

Frosting
- 4 ounces unsweetened chocolate squares, finely chopped
- 1/4 cup unsalted butter (no substitutes)
- 1 cup heavy cream
- 3 cups confectioners' sugar
- 1/2 teaspoon vanilla extract
- 2 tablespoons sour cream

1. *Make cake:* Heat oven to 350°F. Grease a 13x9-inch baking pan with vegetable shortening. Sprinkle pan with flour, tapping out excess.
2. Measure flour (photo 1). Sift together flour, baking powder and salt in bowl. Combine milk and vanilla in glass measure.
3. Beat butter in large mixer bowl on medium speed until creamy, 1 minute. Gradually add granulated sugar, then continue to beat, scraping bowl occasionally with rubber spatula, until mixture is very light and fluffy, 7 to 8 minutes. Add 3 eggs one at a time, beating and scraping bowl 1 minute after each addition. Add remaining 1 egg and beat 2 minutes. At low speed, beat in two thirds of flour mixture just until incorporated. Add milk mixture alternately with remaining flour mixture, ending with flour mixture just until blended (photo 2).
4. Spread batter into prepared pan. Bake cake until top is golden and toothpick inserted in center comes out clean, 35 to 37 minutes. Cool on wire rack.
5. *Make frosting:* Melt chocolate, butter and cream in saucepan over low heat; transfer to a large mixer bowl. Cool to room temperature, 15 minutes (photo 3). Stir in confectioners' sugar and vanilla with a spoon, until smooth, then beat mixture until thickened but not stiff, 2 to 3 minutes. At low speed, beat in sour cream just until blended. Refrigerate *(continued)*


1


2


3

make a cake!

1. Spoon flour into plastic or metal (not glass) measuring cup. Level off excess with metal spatula.
2. Beat milk mixture alternately with flour mixture in mixer bowl.
3. Dab chocolate mixture on wrist; it should be room temperature.



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THE PERFECT SHEET CAKE

Continued

until thick enough to spread, 1
Makes 2½ cups.

6. Frost top of cooled cake. (C
made ahead. Cover pan loosely with
wrap and refrigerate up to 24 hours
turn to room temperature before ser
Makes 12 servings.

Per serving: 640 calories, 35 g total fat, 21 g sa
fat, 154 mg cholesterol, 368 mg sodium, 78 g c
drates, 12 g protein, 133 mg calcium, 2 g fiber

LATTICE FLOWER CAKE

Prep time: About 1 hour
EASY

1 recipe cake (page 204)
1 recipe frosting (page 204)
Cornstarch
One half of a 24-oz. box pure white fondant
Yellow, orange, purple and green pas food colors
⅞- to 1½-inch assorted flower-sha cutters
1¼x¾-inch leaf-shaped cutter
75 orange, yellow and brown candy-coated chocolate bits

1. Line bottom and sides of a 1 inch pan with foil; grease and foil. Make cake and bake as dire cool. Cover pan with a large wire or board. Invert cake; remove pa peel off foil. Invert cake again o serving platter.

2. Spread chilled frosting over to side of cake.

3. *Make lattice:* Sprinkle a work su and rolling pin with cornstarch. fondant into a 19x7-inch recta ⅛ inch thick. (Save remaining fo for another use.) With a scallope cutter, trim one long side of recta then cut rectangle into ten ½-i wide strips (photo A). Arrange 5 in a diagonal pattern 2 inches over top and side of cake; pre gently in frosting to adhere. R with remaining 5 strips in a lattice tern. Trim edge of strips with a kn

4. *Make flowers:* Shape fondant s into a disk; divide into quarters. (one piece in plastic wrap and set for leaves). Using a toothpick, ti maining 3 pieces with yellow, o and purple paste food colors;



ıd until each color is blended to B). Working with one color at ıe (wrap remaining colors in plas- :oll fondant ⅛-inch thick. Cut out ıant flowers with assorted flower- ed cutters. Transfer 2 or 3 cutouts clean sponge and gently press cen- vith the narrow end of a chopstick hape petals (photo C). Transfer ers to a jelly-roll pan. (Makes ıt 75 flowers.)

lake leaves: Tint remaining fondant ı green paste food color. Roll ch thick. Cut out leaves with leaf- ed cutter. Gently pinch one end of ı cut leaf; transfer to pan with ers. (*Can be made ahead. Store flow- nd leaves in an airtight container at temperature up to one week.*)

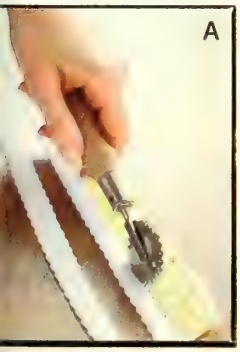
Vith a small paint brush dipped in er, attach flowers and leaves over lattice strips and candy-coated choco- late bits in center of each flower. ■

Recipe by Jane Yagoda Goodman; Lattice Flower Cake design by Karen Tack

FROM THE LHJ KITCHEN

The 33-piece LHJ· Lattice Flowered Cake Decorating Kit contains a box of fondant, four paste colors, small paint brush, candy coated chocolate bits, 25 floral and leaf cutters and a scalloped pie cutter. By special arrangement with Wilton, Norpro and Xcell it sells for $48.95 which includes shipping, handling and applicable sales tax.

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V TO DECORATE

lake lattice: With a ruler and scalloped pie cutter, cut fondant rectangle into ten nch-wide strips. B. Color fondant: Dab paste food color into each piece of fondant, knead with fingertips until color is blended. C. Make flowers: Roll each color of ant ⅛-inch thick; cut out with desired flower-shaped cutter. Transfer cutouts to a n sponge. Gently press centers with chopsticks to shape petals.

All it 15 minutes

15 Minute Chicken & Rice Dinner

- Heat 1 Tbsp. oil in skillet. Add 4 boneless, skinless chicken breast halves; cook until lightly browned. Remove chicken.
- Add 1 can (10-3/4 oz.) CAMPBELL'S Cream of Chicken Soup, 1-1/2 cups water and 1/4 tsp. each paprika and pepper; stir. Heat to a boil.
- Stir in 2 cups MINUTE White Rice, uncooked and 2 cups broccoli flowerets. Top with chicken. Season with additional paprika and pepper, if desired; cover. Cook on low heat 5 minutes or until cooked through. Serves 4.

For a creamier dish, use 1-1/2 cups rice.

15 Minute Mexican Chicken & Rice Wraps

- Heat 1 Tbsp. oil in skillet. Add 1 lb. boneless, skinless chicken breasts, cut into strips; cook until lightly browned.
- Add 2 cups water, 1 cup TACO BELL HOME ORIGINALS Thick 'N Chunky Mild Salsa and 1 pkg. (1-1/4 oz.) TACO BELL HOME ORIGINALS Taco Seasoning Mix; stir. Heat to a boil.
- Stir in 2 cups MINUTE White Rice, uncooked; cover. Cook on low heat 5 minutes or until cooked through. Spoon chicken mixture onto 8 to 12 flour tortillas (6 to 8 inch); top with KRAFT Shredded Cheddar Cheese, if desired. Fold up sides to enclose filling. Serves 4.

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You Asked For It

Dear LHJ,
On a recent visit to La Jolla, California, I had lunch at Hops! Bistro and Brewery. I ordered their Smoked Chicken Tortilla Soup, and it was absolutely wonderful. Could you ask them for their recipe?

—Kelly McCall
Greenville, South Carolina

TORTILLA SOUP

EASY, LOW-CALORIE

Hops! Bistro and Brewery opened seven years ago, and this traditional Mexican soup is still one of their most-ordered items. The lively combination of lime, cilantro and avocado really takes off in this zesty broth filled with diced smoked chicken, corn, tomatoes and crisp tortilla chips for a delightful crunch.

1. Heat *1½ teaspoons olive oil* in a large (6-quart) pot. Add *⅓ cup diced red onion, 1 large garlic clove, minced,* and *2 tablespoons seeded and minced jalapeño pepper.* Cook over medium heat until vegetables soften, 6 to 8 minutes. Stir in *¼ pound fully cooked smoked boneless, skinless chicken breast, diced,* and *4 cans (14½ oz. each) chicken broth.* Bring to a boil; reduce heat and simmer 30 minutes. Remove pot from heat. Add *½ cup fresh corn kernels, ⅓ cup diced fresh tomato* and *¼ cup packed fresh cilantro leaves.*

2. Divide soup between 4 serving bowls. Garnish each serving with *1 small lime wedge, squeezed, ¼ of a diced avocado* and *2 to 3 tortilla chips, broken into pieces.* Serve immediately. Makes 4 servings.

Per serving: 125 calories, 6 g total fat, 1.5 g saturated fat, 12 mg cholesterol, 2,025 mg sodium, 8 g carbohydrates, 9 g protein, 11 mg calcium, 1 g fiber ■

RECIPE INDEX

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MISCELLANEOUS

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Yellow Sheet Cake p. 204

NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan well-balanced meals.

DAILY GOAL

Calories	2,000 (F) 2,500 (M)
Total fat	60 g or less (F) 70 g or less (M)
Saturated fat	20 g or less (F) 23 g or less (M)
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g

LADIES' HOME JOURNAL online

Spring is in the air! Log on to the *Ladies' Home Journal Kitchen* at www.lhj.com/kitchen for new seasonal recipes, including Hot-Cross Buns, Primavera Soup, The Perfect Easter Ham, Vanilla Cheesecake and Banana Cream Pie in Almond Crust.

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1 tsp. garlic powder
1/2 tsp. Italian seasoning
1 pound boneless chicken breasts

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JUSTICE FOR MARTHA?

Continued from page 173

Most of all, they would listen when she needed to talk.

In 1988, at age fifty-seven, David suffered a heart attack and died in bed. Dorthy says she fell into a period of prolonged depression. She came to understand that her grief, while triggered by David's death, stemmed from her unresolved feelings about Martha's murder. "Dave died too young, but he died a natural death," she says. "Martha's death was more difficult to accept."

Dorthy and John realized that it was up to them to make peace with Martha's death—and seek justice. Dorthy began a campaign to learn all she could about Martha's murder. She read the file David had kept, and mapped out a plan for getting in touch with Martha's friends and the Greenwich police department. She was ready to start her research as soon as she returned from a trip with friends. As fate would have it, shortly after she came home, in the spring of 1991, William Kennedy Smith was charged with ra twenty-nine-year-old Patricia Bo in Palm Beach, Florida. He was l quitted. It was rumored that Smith the Skakel home the night Martha Mo ley was murdered. While this turn not to be true, the Smith case revive the Moxley investigation. inspired Rushton Skakel to hire investigators to look into the ev October 30, 1975, in an attempt the family name.

Attracted by the media hoopla, authors approached Dorthy for views. Three books were publis *Season in Purgatory* (Crown, 19 novel by Dominick Dunne loosel on the Moxley murder; *Gre* (Warner, 1998), later updated a named *A Wealth of Evil*, a detail poetic account of the murder a town by Timothy Dumas; and *M Greenwich: Who Killed Martha M* (HarperCollins, 1998), an invest of the case by former LAPD de Mark Fuhrman.

Dorothy spoke to anyone and one—investigators, former neig Martha's friends, psychics, nea hundred reporters—who would k search for her daughter's killer ali also read the Greenwich police fi teen years after Martha's death, finally learned the gruesome detail daughter's murder. "I was shoc learn she was stabbed throug throat," she says, weeping. "I wa believe that she died on the first bl

Despite the painful revelation mother helped keep the story g says John. "The more she talke more people wanted to help. She very persuasive."

In 1996, Dorthy taped an epis the TV show *Unsolved Mysteries* the show aired, the producers g merous phone calls from people c they had leads on the case. Severa were former classmates of M Skakel, who said he had con while a teenager at a school for t children in Maine to killing M Moxley. Around the same time, in tion from Rushton Skakel's priv vestigation was leaked to *N* reporter Leonard Levitt. In inte with the investigators, Thom

hael changed their accounts of the events of the night Martha's murder, undercutting their credibility. Now hael was considered the prime suspect. One theory is that tha had flirted with Thomas, and Michael allegedly killed in a jealous rage.

In July 1998, a grand jury was convened. Last January 19, hael Skakel, thirty-nine, was arrested and charged with der. He was charged as a juvenile, since he was fifteen at time of the murder. Through his lawyers, Skakel maintains nnocence. At press time, an arraignment was scheduled for ch 14, and a judge was deciding whether the proceedings ild be open to the media. It was still unknown whether cel would be tried as a juvenile or an adult. Regardless, thy says she'd like to see him in jail for the rest of his life. 's caused me so much stress and heartache," she says. "And wenty-five years, he's been free."

hese days, Dorthy enjoys spending time with her two dchildren, Caroline, eight, and David, seven. It helps her nnect with a more carefree time in her life, she says. She's e in the local Methodist church in Chatham, New Jersey, re she now lives, and she plans to volunteer as a victim's cate. But when the man accused of killing Martha has his in court, Dorthy says nothing could keep her away. "Even n someone dies, your relationship with them continues to " says Dorthy, smiling through her tears. "Martha will al- s be my daughter." ■

"See How They Grow," pages 166–167: On septuplets: Kenny: shirt, baby Alexis: pants and sneakers, baby Gap. Nathan: shirt, Talbots Kids; jeans, baby Joel: shirt, Talbots Kids; pants and sneakers, baby Gap. Brandon: shirt and sneak- aby Gap. Kelsey: sneakers, baby Gap. On Mikayla: socks, Gap Kids.

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"New American Home," pages 180–184: Decorative accessories, Bal- Designs; 800/367-2775, www.ballard-designs.com; decorative accessories candles, The Bombay Company, 800/829-7789, www.bombayco.com; toys accessories, Discovery Channel Store, 877/DCI-STORE, www.discovery e.com; built-in grill with rotisserie, Dynamic Cooking Systems, 800/433- 5, www.dcsappliances.com, member of The Hearth Products Association, /522-0086, www.hearthassociation.com; flowers, 1-800-FLOWERS, v.1800flowers.com; paint, The Glidden Company, 800/GLIDDEN, www.glid- aint.com; wood blinds, Hunter Douglas Window Fashions; 800/937-STYLE, v.hunterdouglas.com; candles, candle accessories, Illuminations; 800/CAN- 5, www.illuminations.com; tabletop, dining accessories, JCPenney, 6501 cy Drive, Dallas TX 75301, www.jcpenney.com; drapery hardware, Kirsch, 328-7290, www.kirsch.com; upholstery and case goods, Lane's Home Fur- ings Collection, 800/750-LANE, www.lanefurniture.com; outdoor furniture, d Flanders Industries Inc., 800/526-9894, x258, www.lloydflanders.com; y-to-finish furniture (table) Mastercraft, a division of S.J. Bailey & Sons, 800/327-0890; framed wall art, Michael Alan Designs; 323/583-0353; rugs, rison; 800/233-1110, www.nourison.com; ready-to-finish furniture (chairs), ed Furniture, 800/352-2522, www.nakedfurniture.com; decorative paint, finish kits, glazes, decorator tools, Plaid Enterprises, 800/842-4197, v.plaidonline.com, recessed lights and lights fixtures, Quorum Internation- istal, 800/443-4625, www.lighting-and-fans.com; lamps, Robert Abbey; 322-3480, www.robertabbey.com; window treatments, table linens, pillows, e rounds, Singer Sewing Company; 800/877-7762, www.singerco.com; ts, Smith & Hawkin; 800/776-3336, www.smithandhawkin.com; lightbulbs, m Sylvania; www.sylvania.com; all fabrics feature Scotchgard protection by 800/433-3296, fabrics for window treatments, table linens and decorative ws by Covington Fabrics, 212/689-2200; antiques, The Uncommon Market, 871-2775; cabinetry, Timberlake Cabinet Co., 800/388-2483; countertops, ont-Corian, 1-800/4-CORIAN; windows, Hurd, 715/748-2011; interior/exte- stone, Stone Productions Corp., 800/255-1727. Imagination Room: drapery ic, Covington Fabrics; refrigerator drawers, SubZero, 800/222-7820, v.subzero.com; laminate flooring, Traffic Zone by Bruce, 800/722-4647, v.brucehardwoodfloors.com. Internet Alcove: computer, IBM, 800/426-4968, v.ibm.com.

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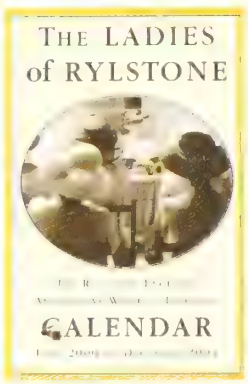
Berkeley, which became the first IPM program in the country, has cut its use of pesticides by more than 90 percent, while improving the control of bugs.

The concept of making schools pesticide-free is catching on. The National PTA has declared its support for efforts "to eliminate the environmental health hazards caused by pesticide use in and around schools," and the EPA is actively encouraging schools to stop using the chemicals. Six states and some of the nation's largest cities, including San Francisco, Philadelphia and Pittsburgh, have adopted formal policies favoring IPM. And a year after Robina Suwol first looked up "Princep" on the Internet, her coalition succeeded in getting the L.A. Unified School District to adopt one of the nation's most stringent plans for phasing out the use of dangerous pesticides and herbicides.

But the bigger struggle is just beginning. Many states don't regulate school pesticide use at all, and in those that do, rules vary greatly. Last October, Senator Robert Torricelli (D–New Jersey) introduced the School Environmental Protection Act. Co-sponsored by Senator Patty Murray (D–Washington), the legislation would bar schools from using chemicals that the EPA has determined cause cancer, birth defects, neurological and immune systems effects and reproductive and endocrine system dysfunctions. It is far from certain that the bill will pass; even if it does, it's just a start: Neither the proposed legislation nor laws already in effect cover private or parochial schools and da centers, all of which are routinely spr

In the meantime, activists urg ents to educate themselves abou issue. "Find out if pesticides are used at your neighborhood sch urges Suwol. "There are a lot of we can't do anything about. But there's something we can do, obligated to act." ■

Carol Lynn Mithers is a contributing to Ladies' Home Journal.



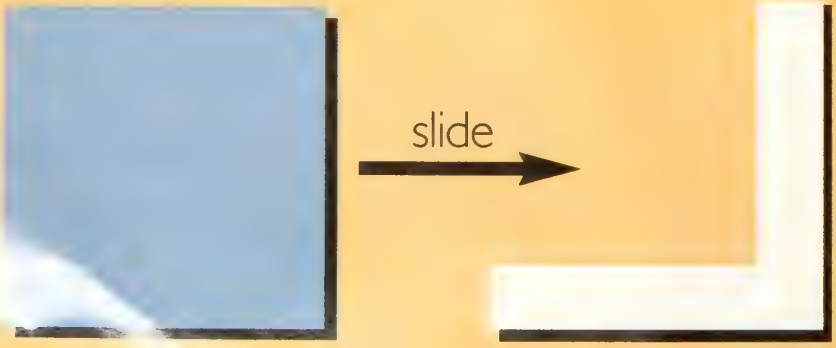
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. & MRS. MILLIONAIRE

tinued from page 85

o approach the couple usually say o and leave it at that. Nobody has ged them for a handout or to invest a shady deal. John doesn't even id being asked that familiar catch-ase, "Is that your *final answer*?" "I'm ing a blast," he says. "I wouldn't id it continuing."

While a couple's good fortune can ome a source of marital tension, the penters haven't disagreed on finan- decisions. "We're both very con-vative," Debbie notes. "So we're king all kinds of investments" like tual funds and CDs.

Along with a few splurges, of rse. John did treat himself to a 5,000 BMW sedan, although he es it only on special occasions. He ght a cell phone and clothing for self, a leather jacket and a digital era for Debbie. In January, one of n's brothers got married, and the penters financed the newlyweds' neymoon. Future expenditures may lude renovations to their house or even a larger residence, though the Carpenters have no desire to move out of Hamden. Best of all, they can start their family soon, a decision they had been postponing until they had more money in the bank.



John's one big splurge was his BMW. But he and Debbie are wisely putting most of his winnings into conservative investments

For the time being, John's staying at the IRS, although he's moved from fieldwork to an office position. "Because of all the publicity, they asked if I'd be interested in transferring to an inside job," he explains. "You can imagine it could get uncomfortable trying to collect a tax debt from

Debbie, meanwhile, first quit her job at the bank, then returned and scaled back her work hours. She is hoping to start an event-planning business with some friends. She's also volunteering with an organization [illegible] tal disabilities.

"My ideal job," John says, "would be working as a consultant for a quiz show, where I could read all day and then make up the questions." How about on *Millionaire*? "I'd love that."

But while the Carpenters still enjoy watching *Millionaire* ("I'd love to be a lifeline [for another player], as long as I got the answer right," John says), don't look for him to appear on another quiz show anytime soon. "I think people would be sick of me, number one," he says with a laugh. "And number two, I believe you only get so much luck in this world. I think I used it all up on *Millionaire*." ■

Jennifer Kornreich writes frequently for Cosmopolitan and MSNBC.com

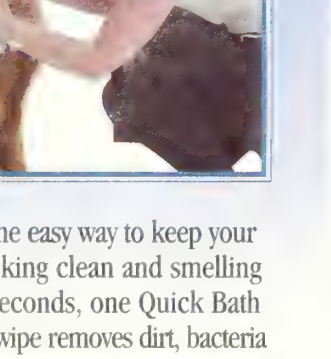


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"The thing about being a mother is that you grow right along with the kids"

(continued from page 169) some of the children's muscles. But any decisions about such an operation, says Meilahn, are years in the future. "The Botox treatments allow us to delay and even avoid surgeries."

"The results [of the treatments] are amazing," says Bobbi. "Within days after the shots, the kids just took off." As she describes how Nathan was able to easily pull himself up by holding onto tables and walk around them, and how Alexis could suddenly sit up without help, Bobbi's smile broadens. "They're continuing to progress," she says. "And there's no reason to think that's going to stop."

LEARNING TOGETHER

That afternoon, as her siblings nap, Mikayla is in a talkative mood. "I like to play with my brothers and sisters," she says. "But sometimes they're naughty, they play in the dirt."

Bobbi chuckles. "Most days r perfect. But you just deal with h The thing about being a mother you grow right along with the she says. "We're learning togeth

One lesson to be taught in th future—perhaps this summer—i training. Bobbi wants to wait un septuplets express an interest and clination. "A nurse told me can't do it in a weekend, they ready," she says.

When asked what she thinks ture holds for Alexis and Nathan bi believes that both kids will o walk, but then admits, "We' with what comes. Nobody what's going to happen tomor don't have time to worry."

So far, none of the other sep has asked why their siblings are ent." Only Mikayla has notice she seems to have taken it in One day at church she matter-o told someone who wanted to Nathan up, "He can't do that b he can't walk."

Bobbi hasn't yet decided how explain to her son and daughte they're different from their br and sisters. She has, however, th about what she'll tell the othe dren. "I'll say that this is ho made [Nathan and Alexis], an they're special, too," she says.

Kenny walks in and adds, " still hoping and praying that w physical therapy and everythi have been doing, they will b walking kids. We're still keepi focus of this as being a challen

essarily a problem."
n the conversation turns to
l and Dawn Kelso, the Penn-
couple who abandoned their
disabled ten-year-old son in a
re emergency room the day af-
ristmas, the McCaugheys are
netic. "What we've had to deal
nothing compared to what oth-
nts have faced," says Bobbi.
nd Kenny believe that all their
n are learning valuable lessons
hing the struggles of their spe-
ds siblings. "I think they'll be
olerant of people who are dif-
says Kenny. "They'll better
te kids with special needs be-
ey've lived with it."
ps, says Bobbi, it's good that
olds the way it does, with no
all to predict what lays ahead.
not thinking ten years down
d," she says. "We get excited
e stuff that happens today."
she'd most like to share with
dren as they get older is her be-
God. "As they mature and they
uestions, we can teach them
e Bible says," she explains.
ltimate goal would be that at
oint they'll decide that they
turn their lives over to God."
as that faith she relied on
e was pregnant with the sep-
and doctors cautioned her it
ssible she'd lose all seven ba-
ist as a woman in New Jersey
winter. "I was sad for [that
. I can't imagine what it was
lose all seven," she says. "I
d to hear that they plan to try
nd I hope they have a healthy
xt time."
Mother's Day approaches, Bob-
hes are simple. The McCaugh-
l probably have dinner out
eir families. As for gifts, Bobbi
gets hers every day. "It's pret-
when the kids give you a hug,
t your having to ask for it,"
s. "When they get older, I'd
nething they made, maybe a
they've painted. That's really
" ■

Casey is a contributing editor to Home Journal.

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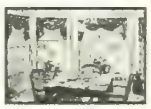
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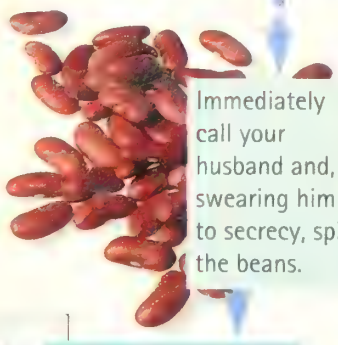
Can You Keep A SECRET?

A few of us are great at keeping secrets. But most of us? As hard as we try, as much as we'd like to think we won't tell, we find that the only thing more irresistible than hearing a secret is the urge to pass it on. What about you: Can you keep a secret? By Pamela Redmond Satran

START HERE

A FRIEND TELLS YOU A SECRET. A REALLY JUICY ONE. YOU'RE NOT SUPPOSED TO TELL ANYONE. SO YOU:

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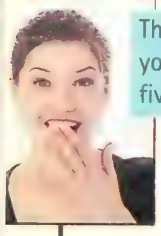


Immediately call your husband and, swearing him to secrecy, spill the beans.





Keep virtuously quiet.



That was so much fun, you can't resist telling five more friends.

You feel so guilty, you clam up.

You try your hardest, but you finally tell your best friend.

You keep keeping quiet.

You're horrified when, two weeks later, an acquaintance tells you the secret. Were you blabbermouth zero?

You're horrified when, two weeks later, husband blabs the secret at a dinner party.



You're horrified when your friend tells you she now realizes you can't be trusted with any of *her* secrets.

You're horrified when, two weeks later, you hear the secret from another source. She had the fun of spilling the beans while you wasted your time being good!



THAT'S IT, NO MORE SECRETS! The next time someone asks you if you can keep a secret, you say:

SURE.

This time will be different. You'll try *really* hard.

NOT REALLY.

And kick yourself.



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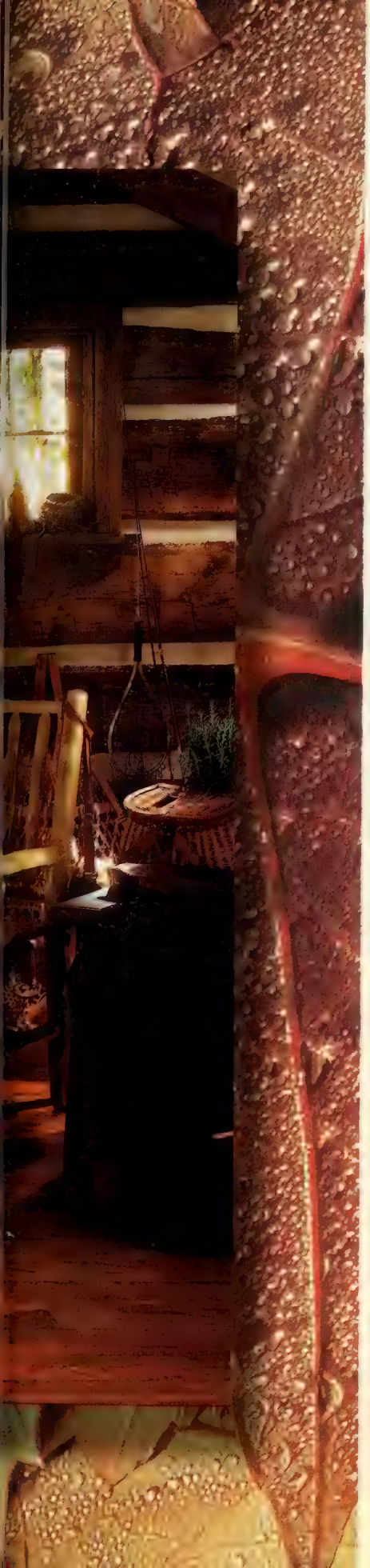
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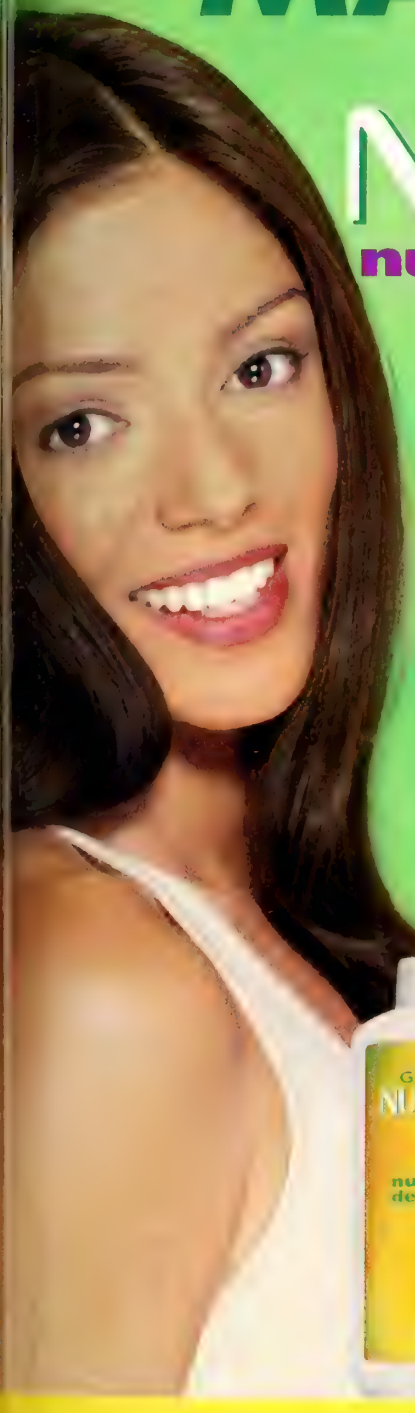
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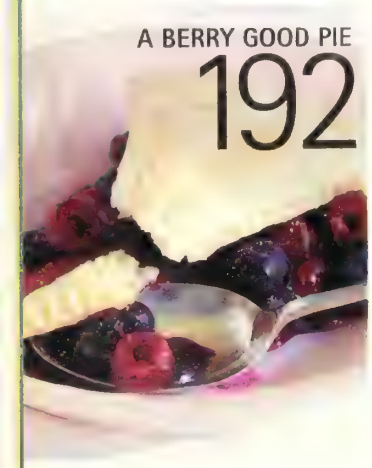
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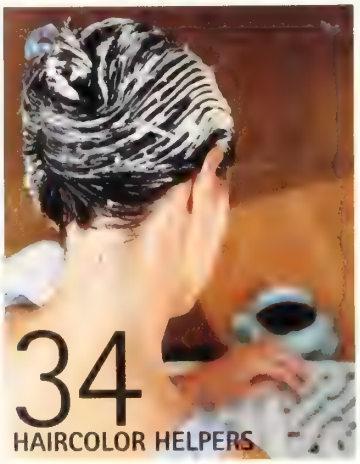
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40 FIRST PERSON "I Made $2 Million on Thursday Paula Jagemann was a secretary at an Internet start-up— and she hit the jackpot big-time when her compan went public. As told to Leah Eckberg Feldman

54 THE DISEASE DOCTORS STILL MISS Thirteen mi lion Americans have a thyroid disorder, and half them don't even know it. We give you the sympton to look for, and a ten-second test you can take toda By Ronny Frishman

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64 BEHIND CLOSED DOORS Unlocking the key to sexu satisfaction, plus a recipe for a summer night of passion

84 KIDS, ETC. Our new parenting column, with tips f cooling down a fever for Pokémon. By Jeannie Ralsto

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146 HILLARY NOW In this exclusive interview, the Firs Lady talks about the challenges of motherhood, life aft the White House, and why she's really running for th Senate. By Meredith Berkman

148 WOMEN OF THE WORLD From the workplace t politics, and from marriage to child care, our speci report explores the status of women across the globe.

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204 END GAME Ready or not, it's time to hunt fo that perfect bathing suit.

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74 YOUR FEET: A USER'S GUIDE Say good-bye t foot pain and get ready to bare your toes for summer By Kristyn Kusek

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et's talk

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86 MAPPING YOUR HEALTH Right now, scientists are breaking the code of human DNA. A report on how gene therapy may someday cure diseases and extend lifespans. By Judith Mandelbaum-Schmid

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98 "I AM PAM REDMOND" We'd all like to think we're one-of-a-kind—except this writer, Pamela Redmond Satran, who hit the road to meet her many namesakes.

164 "CAROLINE WAS A GIFT" Their daughter's brave struggle against a rare and deadly cancer taught Congresswoman Deborah Pryce and her husband new lessons about love and courage. By Kathryn Casey

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120 ALONE AT LAST Finding time together can be the toughest job husbands and wives face today. These busy couples tell how they stay close. By Laura Muhadan

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156 THE DOCTOR'S GUIDE TO GREAT SKIN Leading dermatologists tell you about the newest ways to get your skin glowing this summer. By Kara Corridan

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175 FOOD JOURNAL For the best burgers this summer, cook up these three quick and easy recipes.

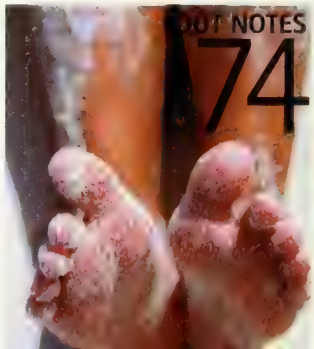
194 INSIDE THE JOURNAL KITCHEN/RECIPE INDEX A light ricotta soufflé pie, a new way to get the calcium you need, and more.











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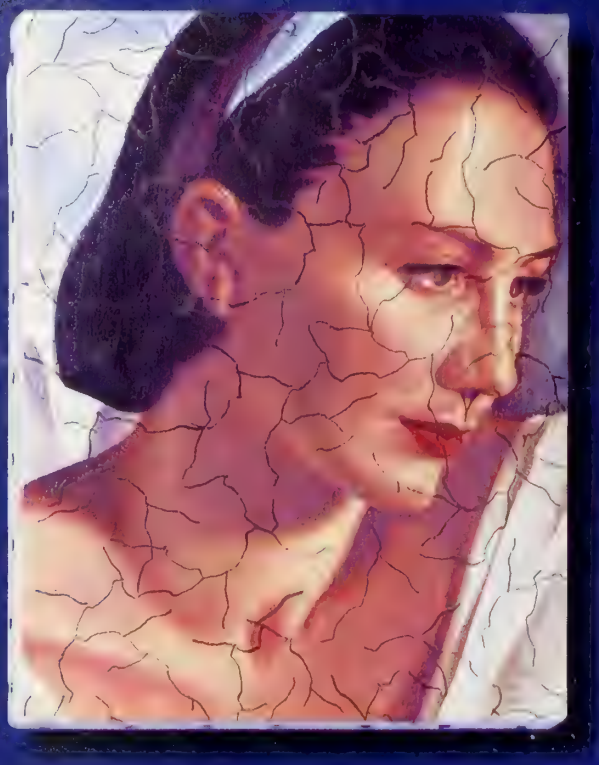
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DATE: **6/00**
FROM: **Myrna Blyth**
RE: **Hillary, etc.**

Be sure to see our new column on parenting, a contest just for you, and a talk with the First Lady



One of the most interesting experiences of my life was being an official American delegate to the Fourth World Conference on Women held in Beijing nearly five years ago. It was fascinating to meet women from around the world and to find out how the United Nations conducts business. At the Conference, Hillary Clinton gave a brave speech that was almost universally praised when she declared that "human rights are women's rights—and women's rights are human rights." This month, the United Nations will hold a Special Session to celebrate the fifth anniversary of the Platform for Action created at the Beijing conference and to discuss the progress of women all over the world. Check out our special report, "Women of the World," and our exclusive interview with the First Lady on page 146.

Other features of special interest in this issue: A new column on parenting called Kids, Etc. (page 84). According to the National Center for Health Statistics, the birth rate for American women in their thirties is now at its highest level in at least three decades. We think our column will give you news and views on a subject that matters so much to so many of you.



The Journal's photo crew on assignment at the White House

Also, take a look at the announcement of our LifeStories Contest on page 63. We know many of you have a great story to tell about your lives. It could be a love story, a story about your family or about a life-changing event. *Ladies' Home Journal*, for one hundred and seventeen years, has told the story of women's lives. Here's a chance to make sure your special story is included.

SOUND BITES

"I think I have to earn the vote of every New Yorker. I respect people who say, 'I want to make sure she's [running] for the right reasons.'"

—Hillary Clinton, "Hillary Now," page 146

"Patients pay with their looks, sometimes their lives, because a slick ad lures them into the wrong hands."

—"Plastic Surgery, Inc.," page 126

"At four P.M. a bell rang, and the market closed. Adrenaline surged through me like lightning. Suddenly, I was a millionaire times two."

—"I Made $2 Million on Thursday," page 40

rings.com

BED AND BATH
Springmaid



BRUCE ZAKE

ASSIGNMENT: To photograph Congresswoman Deborah Pryce and her family for "Caroline Was a Gift" (page 164).

PERSONAL TAKE: "It hit me very hard when Caroline died, just three weeks after our photo shoot. She was a sweet and vibrant kid."

"We're entering a new age. Understanding genes is going to change our lives"

—Judith Mandelbaum-Schmid, who wrote "Mapping Your Health" (page 86)





LISA COLLIER COOL

"I was shocked to learn what was going on in the plastic surgery industry," says the award-winning medical journalist who wrote "Plastic Surgery, Inc." (page 126). "Doctors with little or no training can perform procedures, often with disastrous results. But there are good surgeons, if you know how to find them."

SHARLENE JOHNSON

ASSIGNMENT: Coordinate correspondents to profile women from many foreign countries for "Women of the World" (page 148).

RESULTS: "It's fascinating to hear not just about the differences among women around the globe, but about our similarities, too."





"To get great shoe shots, I spent hours lying on the ground, trying not to get run over"

—Ted Axelrod, who photographed "Your Feet: A User's Guide" (page 74)

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REBA WILLIAMS
MOTHER

RUTH WILLIAMS
AGE 21

WINNING ESSAY

DID YOURS?

d your mother turn off the television when you watched nderella as a five-year-old, saying, "Don't waste your time iting for a prince to make you a princess; you are a princess eady"? When she caught you watching *Pretty Woman* ten years er, did she add, "Create your own castle before you decide to and live in his"? Did your mother spend hours in the local rary hunting down easy-to-read biographies of women including eanor Roosevelt and Susan B. Anthony to intersperse amongst our piles of *Sweet Valley Twins* and *The Baby-sitters Club* aperbacks? In the face of questions such as "Why don't you dye ?" and "How old is your granddaughter?" did your mother roudly hold high her head of prematurely gray hair? Did your nother sew and drive a tractor? Did your mother take you fishing hen you were nine and to the make-up counter when you were ineteen? Did your mother support your decision to attend an all-women's college back East when few in your Texas hometown would? My mother did, and I owe my intellectual drive—and my well-decorated castle—to her.

SECRET

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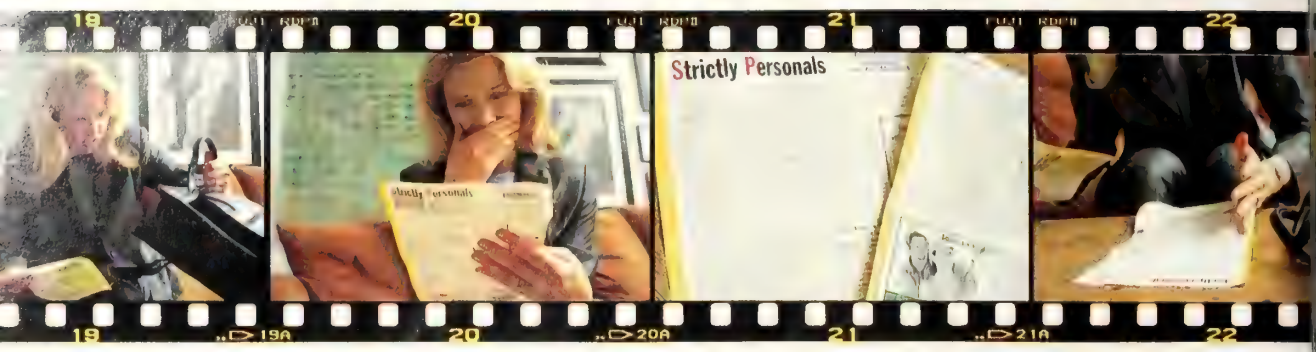
WINNER

Over the past six months, we received thousands of essays from young women chronicling the positive impact of mentors on their lives. Personal stories of strength and confidence pay tribute to those who challenge, inspire and continue to make a difference.

And now we have a winner:
Ruth Williams from Wellesley, MA, who will receive a $10,000 scholarship for her essay about her mother and mentor, Reba.

Secret

HELPING GIRLS
BECOME
STRONG WOMEN.



"He Placed a Personal AD

THIS MONTH'S CASE:

VICKY was devastated to discover that **MATT** was looking for another woman. He swore that placing the ad was a terrible mistake. To regain the love and trust, they had to put aside their anger **By Margery D. Rosen**

VICKY'S TURN "I found this in Matt's briefcase," said Vicky, a twenty-eight-year-old financial analyst, waving a small piece of notepaper. "I was looking for his Palm Pilot to get the phone number of a restaurant, and right in plain sight was this draft for an ad that ran in the personals column of the paper: 'Successful banker seeks smart, sexy woman for fun and romance. Discretion a must.'

"All Matt could say was, 'I don't know what I was thinking. Please don't leave me.' So what do I do now? How do I know he hasn't gone out with women who responded to this ad—or even had sex with them? I feel so betrayed.

"Things haven't been right for a long time, though nothing even comes close to this. We're always snapping at each other, and little things quickly become major issues. Before we got married three years ago, we had a really good—and passionate—relationship. Now he's always the one who says 'Not tonight.' If he's so rarely in the mood, why is he looking for other women?

"Matt can be perfectly agreeable one minute, then lash out at me the next for something minor. And once he gets started, he doesn't stop. A few nights ago, we had a huge fight about the built-in cabinets we're installing in our bedroom. He called me selfish because I wanted them painted off-white. He preferred a gloomy dark walnut.

"Clearly, Matt thinks he's smarter than I am—and he doesn't hesitate to show it. He told our contractor not to bother explaining the details of his work to me because 'my wife wouldn't understand all that.' On our way to a wedding in New England last month, Matt cursed me out because I didn't give him directions quickly enough. He's hypocritical, too. He'll yell at me for spending too much money, then turn around and buy himself an expensive watch.

"I'm not used to being treated this way. My parents instilled in our family a sense of tradition, respect and family values. Matt laughs at the idea of men opening doors for women, but little things like that were what counted in my house. My father owned a hardware store in Baltimore; my mom was a homemaker, and I had two much older brothers who were protective of their little sister. I can't deny that my family spoiled me.

"After getting my bachelor's degree, I moved to New York, hoping to launch a career in photography. Even though I majored in math, taking pictures has always *(continued)*

The MOST POPULAR MOST ENDURING women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Jane Greer, Ph.D., a marriage and family therapist in New York City and the co-author, with Margery D. Rosen, of *Gridlock: Finding the Courage to Move on in Love, Work and Life* (Doubleday, 2000). The story told here is true, although names and other identifying details have been changed to conceal identities.

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"I never followed up on the responses to the ad," Matt said. "Did I fantasize about it? Absolutely. But I haven't had an affair"

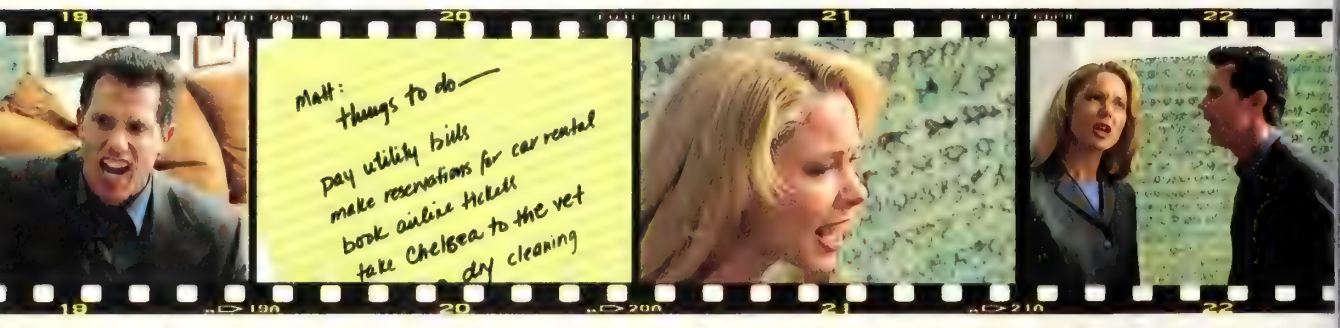
(continued) been a passion of mine. I also wanted to be near Brent, the man I was seeing, who was attending law school. After a year of waitressing and only a handful of assignments, I lucked into an entry-level spot with an accounting firm, where I work to this day.

"Then, after nearly five years together, Brent told me he was in love with another woman. I was devastated. I didn't think I'd ever recover, until Matt came into my life. He lived in my neighborhood; I'd often see him at the deli or the dry cleaners, usually with a beautiful woman by his side. One night, we ran into each other while we were getting Chinese takeout. This time, Matt was alone, and he invited me to eat with him; that was our unofficial first date.

"I was still getting over Brent, and Matt was a sympathetic listener when I needed to talk about the breakup. When my father was dying of cancer, I took a leave of absence and went back to Maryland to help my mother care for him. Matt called me every day, came to visit several times, and attended the funeral. It was then I realized how much I really cared about him.

"When I moved back to New York, I told Matt that I wanted to keep seeing him, but only if it would lead to something permanent. I didn't think I could handle another loss. A few months later, he proposed.

"But we certainly haven't lived happily ever after. The fact that we both work hellish hours doesn't help. If I leave the office at seven, I consider that a good night. Until I found Matt's ad, I was actually thinking about having a baby and leaving work to be an at-home mother. But no child deserves to have parents who can't get along—or a father who's looking for a lover."



MATT'S TURN "I'm mortified that Vicky found that scrap of paper," said Matt, a thirty-three-year-old investment banker. "The day I placed the ad, I was feeling as low as I've ever been in my life. I was still seething from the night before, when Vicky dismissed my suggestion about the finish on the bedroom cabinets with her typical what-a-moron attitude.

"While I was eating at my desk at work, I flipped through the paper and spotted the personals column. Without thinking about the consequences, I scribbled a quick ad, phoned it in, then stuffed the paper in my briefcase and forgot about it. I did get about a dozen responses, but I swear I never followed up on any of them. Did I fantasize about it? Absolutely. But I haven't had an affair.

"Even Vicky will admit that her parents catered to her. Whatever she wanted, she got, and she still thinks that's the way the world works. I don't know why it didn't bother me so much in the beginning. Maybe it was the lust factor. She's sexy and beautiful, and she was into the same things I enjoyed: skating, picnicking, going to movies. Now she never wants to do anything.

"I'm tired of being the compromiser in this relationship. Vicky never lifts a finger around the house unless I ask her; instead, she gives me lists of things to do. She won't even feed our golden retriever, whom she adores. But she'll criticize me for a zillion little faults, like leaving my clothes on the bedroom chair. Or my new watch, which I paid for by selling my sports-card collection on eBay. Don't I have the right to choose what to do with my own money? Vicky also gets insulted about the silliest things, like not opening a door for her.

"For three years I've put blinders on, figuring Vicky will never change. She's a control freak, and you don't argue with her, because she goes ballistic. A discussion we had the other night about where to eat dinner suddenly ballooned into a major fight. I got enough of this kind of lousy treatment growing up.

"My childhood was less than idyllic, to put it mildly. My father was a pediatrician who, ironically, was considered an expert in his field. To his own children, he was emotionally and sometimes physically abusive. My mother couldn't stand up to him. Sometimes *(continued)*

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continued from page 21

she'd secretly let us go out after he grounded us, but most of the time, she was so worn down that she just parroted everything Dad said.

"I was your proverbial first child who pushed to be the best. I went to a good college and business school—not that my father noticed. He wanted me to be a lawyer or judge, like his father, and was disappointed that I wasn't. So I put myself through business school, then moved to New York when I was offered a job.

"I didn't see myself getting married until I was at least thirty-five, but then Vicky gave me that ultimatum. I'd never been put on the spot like that, and I resented it. Still, I didn't want to lose her. I was crazy about her.

"But I never thought marriage would be such a one-way street. If I want to discuss the pressure at work or a difficult client, Vicky's not there for me. Ever. It's no wonder I pull away from her in bed.

"It doesn't help that we have a three-person relationship. I don't think there's been a day when Vicky hasn't mentioned her old boyfriend. His name invariably comes up when we're fighting. 'Brent never spoke to me that way you do,' she'll say.

"I know placing the ad was a big mistake. But I wonder if marrying Vicky was an even bigger one."

"Vicky has genuinely forgiven Matt for placing the ad," said the counselor. " 'I know he never meant to hurt me,' Vicky said"

THE COUNSELOR'S TURN "These two were so furious with each other that I had to keep calming them down," said the counselor. "Fighting had become the only way they could relate. While it's healthy to air gripes to your spouse, turning every squabble into a heated put-down match is not.



"I told them that the personal ad wasn't a sign that Matt didn't love Vicky, or that he wanted an affair. Rather, it was a cry for help. Matt was retaliating for Vicky's unacceptable behavior, much as his mother got even with his father by secretly reversing his punishments.

"Though Vicky was understandably hurt that her husband had advertised to meet another woman, she didn't recognize her role in the breakdown of her marriage. She insisted on keeping a firm control, issuing orders, making critical comments and playing the role of victim.

"I suspected Matt had been upset with Vicky for a long time, but couldn't bring himself to express his feelings. Instead, he buried them, only to blow up later. His rage also manifested itself in a low sex drive. Anger can be one of the main reasons couples stop making love.

"Slowly, as Vicky and Matt became aware of when and why they got angry, they were able to find ways to ease the tension and improve their communication. I told Matt that he had to stop yelling and name-calling. Instead, I suggested he use the format, 'When you...then I,' as in, 'When you bring Brent into the conversation, then I feel you're sorry you married me.' This allowed him to voice his feelings without finger-pointing.

"As Matt began to speak up more often, small concerns didn't have a chance to fester. Now, if a conversation starts to get out of control, he takes a time-out.

"As the tension at home lessened, and she saw that Matt was trying to prove that he cared, Vicky admitted that she had been unreasonable. 'I shouldn't be talking about Brent anymore,' she told Matt. 'It's you I love.' Vicky also agreed to take on more responsibilities at home.

"I had Vicky practice repeating Matt's words back to him—a technique that forced her to really hear what he was trying to say. She now considers Matt's opinions instead of pushing her own agenda.

"Making an effort to reserve at least thirty minutes a night helped this couple reconnect. As they spent much needed downtime together, their sexual relationship improved dramatically. Particularly important was the fact that Vicky has genuinely forgiven Matt for placing the ad. 'I know he never meant to hurt me,' she said.

"Effective problem-solving takes patience and vigilance. By the time they ended counseling after seven months, Vicky and Matt had found a way to clear the emotional debris from their marriage." ■



LHJ BOOK BAG

"Can This Marriage Be Saved?" has been compiled in a book containing stories of real-life couples in distress and their efforts to overcome their problems. The 352-page softcover book is offered by a special arrangement with Workman Publishing.

To order, send a check or money order for $15.95 per book to *Ladies' Home Journal*® Resources, Dept. L0300, P.O. Box 9381, Des Moines, IA 50306-9381. To use your Visa, MasterCard or Discover Card, call 800-763-6393. (Price includes shipping, handling and applicable sales tax.) Specify book title.



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June Calendar

June 12 to 18 During National Men's Health Week, health fairs will be held across the country to encourage and instruct men in preventative health behavior. For a free manual on men's health maintenance, call 800-555-2002; to find an event near you, log onto www.nationalmenshealthweek.com.

June 20 Looking for ideas on how to celebrate the solstice, the official start of summer and the longest day of the year? Do as the Swedes do: Erect a maypole and hold a midsummer dance. Or, take a page from the superstitious, who wear their jackets inside out to avoid bad luck. On the other hand, you could just host a barbecue and invite good friends from the neighborhood.

June 23 Promote Fifi to VP for the second annual **Take Your Dog to Work Day.** The presence of canine co-workers—already *de rigueur* at dog-friendly companies like AOL and Ben & Jerry's—can boost office morale, reduce employee stress and increase productivity. To ensure that the day is a doggone success, get a free kit for employers and check out the tips on doggie office etiquette at www.pets.com.

—Alison Calabia





Lynne Cohen

"If there had been a simple blood test, doctors could have done something earlier to save our mother," says Erin Cohen, above with Amy and researchers Maurie Markman, M.D., and Yan Xu, Ph.D.

FOLLOW-UP:

A MOTHER'S LEGACY

In 1999, sisters Amy and Erin Cohen and Whitney Rosenson were intrigued by a story in the March issue of *Ladies' Home Journal* about Maurie Markman, M.D., an oncologist who was working with a team of researchers at the Cleveland Clinic Taussig Cancer Center to develop an early-detection blood test for ovarian cancer. The sisters had just started the Lynne Cohen Foundation in memory of their mother, who died of ovarian cancer in 1998, at the age of 53. "One of the reasons ovarian cancer is so deadly is that there are no warning signs," says Amy, 23. Excited by Markman's early detection test, she and her sisters raised $100,000 for his research.

"We're doing this so others will not have to go through what we did," says Amy. "We hope that no one will lose their mother, sister or aunt to this terrible disease." —Christine Many

For more about the Lynn Cohen Foundation, call 877-682-7911



AMERICAN SNAPSHOT:

TIME WASTERS

Ever feel like you've been on hold for days? You have been. Those few minutes here and there add up to a lot of unproductive time. Over the course of a year, Americans spend:

TIME	DOING WHAT?
1 DAY	FILLING OUT GOVERNMENT PAPERWORK
1 DAY	BOOTING UP/SHUTTING DOWN COMPUTER
2 DAYS	WAITING FOR WEB PAGES TO LOAD
3 DAYS	STANDING IN LINE AT THE BANK
3.6 DAYS	STUCK IN TRAFFIC
4 DAYS	ON HOLD
4 DAYS	LOOKING FOR LOST OBJECTS
1 WEEK	WATCHING COMMERCIALS

—Sarah Smith

NEVER UNDERESTIMATE THE POWER OF A WOMAN®

No hurdle is too high for Chris Boskoff, the only American woman who has climbed four of the world's fourteen tallest mountains, including Everest. Her goal: to be the first woman to conquer every one of them.

Boskoff, 32, is the owner of Mountain Madness, a guide service in Seattle, which she and her late husband, Keith, bought from the estate of Scott Fisher, one of the climbers who died in the 1996 Mount Everest expedition recounted in the best-selling book, *Into Thin Air*. In January 1999, Keith committed suicide, and Boskoff, who won't talk about the tragedy, was left to run Mountain Madness on her own.



Today, she leads expeditions all over the world. Though most of her clients are men, "more women are getting into the sport," she says. "There's a big difference between climbing with men and climbing with women. Women really support each other." —Liz Ozaist

"Mountaineering is 20 percent physical and 80 percent in your head. You have to push yourself mentally," says Boskoff

10 THINGS T KNOW ABOU GRADUATIO

1 In 1994, Michael Kearney, then 10, receiv a B.A. from the Universi of South Alabama, becoming the world's youngest college grad.
2 In 1997, Mary Fasan then 89, graduated fro Harvard, becoming one of the world's oldest new graduates.
3 In 1841, Oberlin College in Ohio became the first U.S. college to award degrees to wome
4 This year, women are expected to earn 57% U.S. bachelor's degrees.
5 The University of Tex at Austin handed out a record 7,932 bachelor's degrees in 1999.
6 Thomas More Colleg in New Hampshire graduated just nine students that same yea
7 Donning caps and gowns is a holdover from medieval times (when scholars wore th robes of religious cleric
8 Nowadays, caps and gowns are staples at elementary school, even preschool, graduations.
9 While "Pomp and Circumstance" may seem as American as apple pie, it was composed by an Englishman in 1901.
10 Last year during Princeton's graduation salutation—a speech give in Latin—the speaker, a senior, snuck in a snippet of English: He asked his girlfriend to marry him.

—Alison Calabi and Sarah Smit

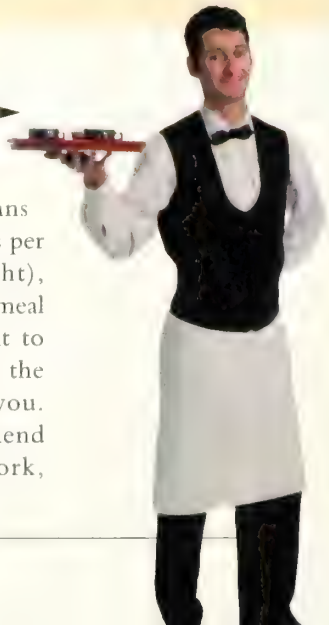


PULSE POLL If researchers succeed at creating a male birth control pill, and your husband were willing to take it, would you trust him to remember to do so? **38%** say yes **62%** say no

Based on responses to a question posted on Ladies' Home Journal's *Web site, www.lhj.com.*

THE DISH ON DINING OUT

Too worn out to cook every night? So is everybody else, apparently. Last year, Americans dined out an average of 3.7 times per week (that's every other night), spending an average of $30 per meal in some cities. You might want to stay home instead, say those in the know: the people who serve you. When asked if they'd recommend the restaurant where they work, nearly half of them said no way.




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"MOST REMARKABLE MOM I KNOW" CONT

HOW DOES SHE DO IT?

Maybe she's your mother, or a neighbor, or your sister or best friend. But when it comes to being a Mom, everyone says the same thing-"How does she do it!" Her days are always full yet things stay under control. Her life is balanced and her achievements, at home and professionally, are impressive. Her standards are high in everything she does. And her home is her proudest showcase. Now Whirlpool wants to reward these moms with the "Most Remarkable Mom I Know" Contest.

TELL US ABOUT HER

To enter, tell us in 75 words or less why you think she's "The Most Remarkable Mom" and you could both be winners of some remarkable prizes from Whirlpool. Deadline for entries is Friday, July 7, 2000.

For complete rules and details on how to enter, see page 200, or visit our web site at www.whirlpool.com.

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beauty&fashion news



ON TREND

MAKEWAVES

MODELS ON THE FALL 2000 FASHION RUNWAYS (SUCH AS AT THE DIANE VON FURSTENBURG SHOW, LEFT) WERE ALL SPORTING GORGEOUS, GLOSSY, GLAMOROUS CURLS. IF YOU WEREN'T BLESSED WITH NATURAL RIPPLES, USE A 1½-INCH BARREL CURLING IRON OR HOT ROLLERS TO CREATE THEM. THE BEST REASON TO MAKE WAVES NOW: BECAUSE THE IDEA IS TO LET CURVES FALL WHERE THEY MAY, THERE'S REALLY NO SUCH THING AS A BAD HAIR DAY.



Conair's Big Curls rollers have a velvety flock surface that promotes shi

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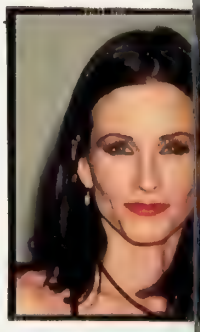
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CELEB PICK

How come Courteney Cox Arquette still looks like a blushing bride, even though it's been almost a year since she married *Scream* co-star David Arquette? We're told it comes from Senna's Silk Pom Pom Rouge Applicator, a puff designed by a makeup artist that blends cream blush seamlessly, imparting a what-have-you-been-up-to? kind of glow.

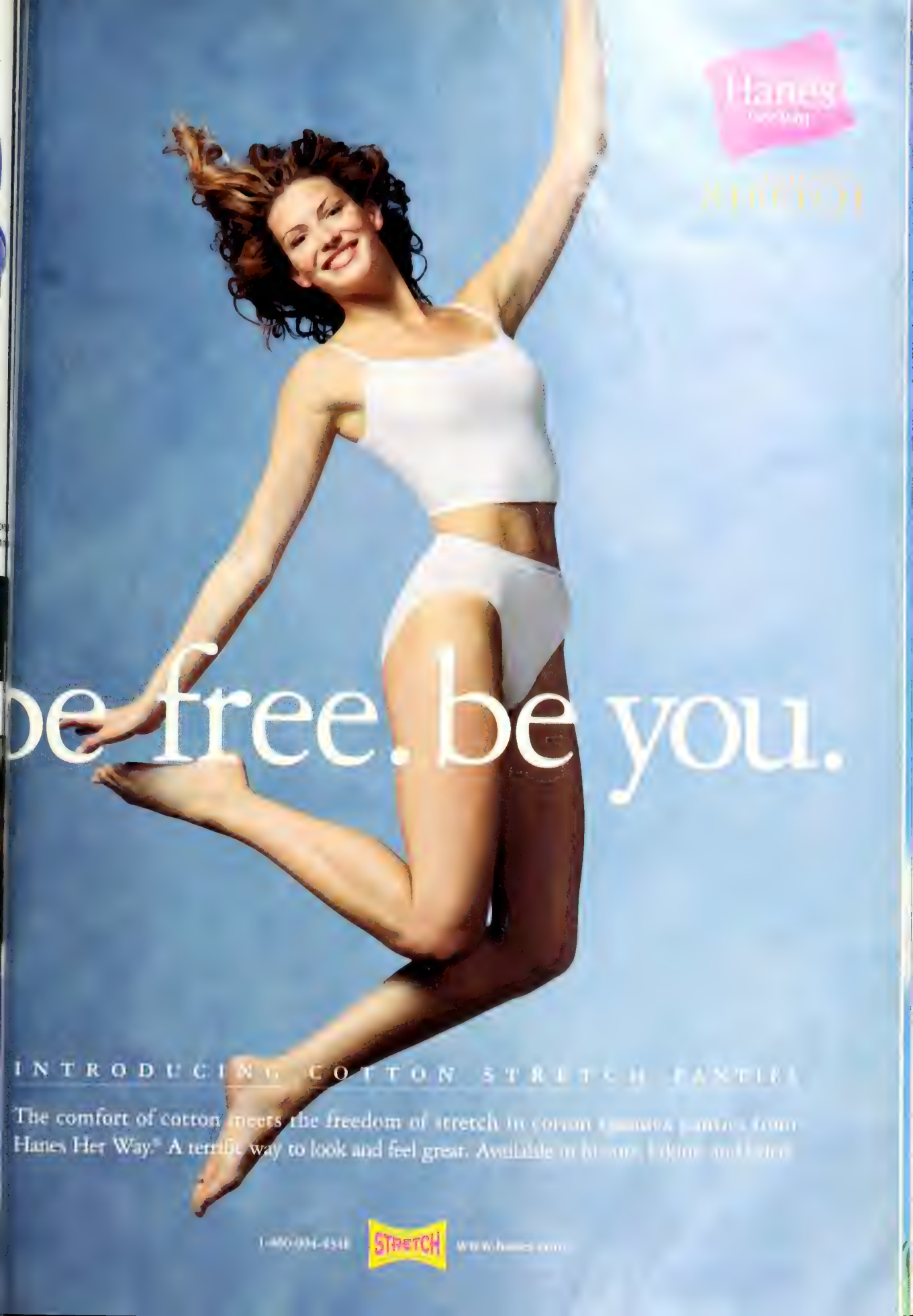


EDITOR'S FAST FAVORITE

MATTEMAKER

We're dubbing this powder dome a don't-leave-home-without-it beauty basic—L'Oréal's new Quick Powder ($9.25). It effortlessly zaps away midday shine, and the ingenious rounded shape lets you glide it over your face anytime, anywhere, without the hassle of juggling a compact and puff. Five translucent shades work for every skin tone, and a new technology prevents the powder from crumbling so it should last all through the steamy summer.




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www.revlon.com *Based on clinical testing. Melanie's shade, Natural Beige. ©Revlon 2006

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Night & Day

The hottest color trend right now—as seen o several Hollywood newsmakers—is rich and dark. Laurie Foley, of NYC's Bumble & bumb Salon, and Gwyneth Paltrow's colorist, reassures those attempting such a dramatic change: Darker tones tend to look super-de at first. Wait a full three days—that's when the hair shaft closes—for highlights to emer



trend notes

• *Blond Ambition.* Lightening hair used to cause damage anxiety. But the newest blonds are super gentle—such as Clairol Natural Instincts in Hawaiian Sunrise, enriched with healthy-hair botanicals.

• *The Hot Oil.* The newest antioxidant ingredient to grace haircolor—grapeseed oil. Find its conditioning effects in Laboratoires Garnier Nutrisse Nutricolor Masque.

• *Multicolored.* Single-process highlighting kits are now available in many shades beyond blond. Try L'Oréal Feria Colour Strands QuickShimmer Highlights.



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HIDDEN ASSETS

Halters are the sexy look of the season, but to pull it off, you need the right bra to make the most—or in some cases, a bit less—of what nature gave you. Here, six real women road-test the latest trend





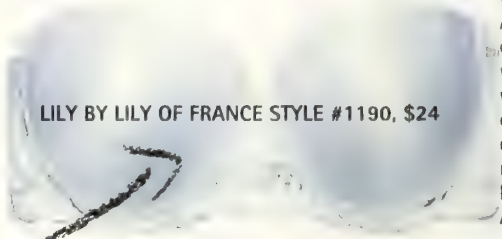
ELIZABETH, 31
As a new mom to five-month-old James, Elizabeth needs to ma comfort with new support issues. The solution: a soft stretch lace bandeau bra with hidden underwire und tailored halter-shirt (b Jones New York, $39).

JODI, 34
The mission: Make more of what nature gave you. A natural-looking "filler" bra with sculpted cups and an adjustable halter strap boosts the bust and creates a smooth line under even the finest knits, such as this stretchy U-neck halter (by Only Hearts, $49).









CHARISSE, 25
A 34B, Charisse creates more cleava with a molded bra with firm, padded cups that keeps everything together under a sleek deep-halter (by BCBG Ma Azria, $74).

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"I see myself as 'cute,' but my husband thinks I look really sexy in a halter!" — Jodi, 34, mother of two



NATORI STYLE #38362, $38

AERIN, 27
Until we put her in[to] crisp cotton struct[ured] halter dress (by Ga[p], $48), Aerin, a 32D, didn't believe ther[e's] a halter out there [for] her. A firm-suppor[t] full-cup bra with [a] foam for a uniform[ed] provides the neces[sary] foundation.

JEN, 28
Even though it's tempting to go without a bra, skin-baring summer clothes require a liner. A molded strapless bra with no wires, seams or stitching feels "naked," but enhances Jen's bustline under a minimal Eastern-inspired tie-back halter (by Bulldog, $24).



LE MYSTERE STYLE #755 AT LA PETITE COQUETTE, $58



WONDERBRA STYLE #7454, $26

MELISSA, 30
A fluid high-neck halter with an adjustable string tie (by Lizsport by Liz Claiborne, $29) skim[s] over a big bust—in Melissa's case, a full 34C. The seamless, strapless bra with a hidden underwire provides undetectable but serious support.

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"I Made $2 MILLION on Thursday"

Move over, Bill Gates. As a secretary for an Internet start-up, I struck it rich the day the company went public

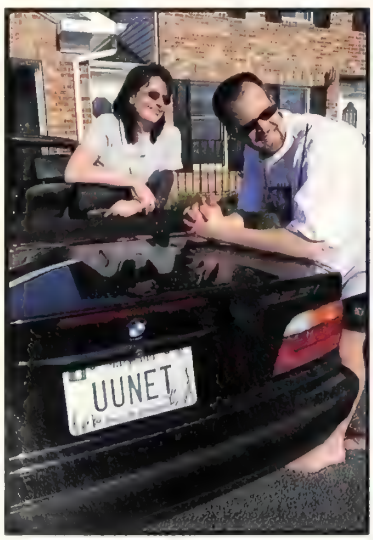
By Paula Jagemann, as told to Leah Eckberg Feldman



I used my IPO earnings to launch my own company—after my husband Joe and I splurged on a BMW (left)

Just thinking about May 25, 1995, makes my heart race. I was on the trading floor of the New York City investment banking firm, Goldman Sachs. My boss, John Sidgmore, the CEO of UNIX to UNET Networks (UUNet)—a fiber-optic network that transmits Internet data—was there, too. We were nervously watching the clock as brokers shouted frantically back and forth. It was three P.M., and UUNet stock was about to sell publicly for the first time. Millions could be made.

Even I—a secretary for the company—stood to strike it rich. My starting package at UUNet included 72,000 shares of stock valued at twenty-five cents a share, and I'd since bought an additional 10,000 shares. Finally our NASDAQ symbol appeared on the ticker for $14 per share. I stood transfixed as the price rose—$21.50, $23.25, $24.75—and finally peaked at $26.50. At four P.M., a bell rang, and the market closed. Adrenaline surged through me like lightning. Suddenly, I was a millionaire—times two.



At the celebration afterward at an expensive Italian restaurant in Manhattan, I wanted to pinch myself. Growing up poor in Long Beach Island, New Jersey, I never imagined I'd hit the jackpot.

My father was an alcoholic who spent what he earned as a drafting engineer on booze and drugs; my mother worked two jobs just to keep us clothed and fed. Although my father never physically abused me or my three older brothers, his blows to my self-esteem left deep scars. Nothing I did was good enough.

I started dreaming about college at a young age. When my parents divorced in 1980, the settlement made Dad responsible for my higher education. But during my senior year of high school, he skipped town. My dream was shattered. My mom needed my paycheck to make ends meet.

So after graduating high school in 1985, I worked as a hotel-reservation clerk at Trump's Castle *(continued)*


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(continued) Hotel & Casino in Atlantic City. I quickly rose through the ranks to become manager. Success felt good.

My personal life was also looking up. In 1987, while visiting friends in Washington, D.C., I met Joe, a senior at Towson State University, in Towson, Maryland. We began dating, and I found him sensitive, smart and loyal. Having missed college myself, I relished every minute we spent at fraternity parties, lacrosse games and concerts. Yet my feelings of inferiority tainted that joy. I worried that his friends would never accept me, a mere high-school graduate.



"After I sell my company, I plan to slow down and find the balance that's missing from my life"

Six months later Joe asked me to marry him. To save money, we moved in with his family in Gaithersburg, Maryland, three months before our October 1988 wedding. Joe was as frugal as I was. We clipped coupons, kept our beat-up Toyota running, and diligently saved the bonuses he earned as a computer salesman. I got a job as a manager of a hotel in Gaithersburg. Our nest egg steadily grew, and in 1990 we bought a town house. Still, I feared that somehow poverty would crash back into my life.

Around the same time, I took a job as secretary to the vice president of Telic, a telecommunications consulting and software firm in Rockville, Maryland. I liked my job but hated my title. "Oh, you're a secretary?" people would say in a condescending tone. I was in charge of compiling financial reports for board of directors meetings. But without a college degree, I felt like an underling.

A year after I started, I transferred to work as secretary to Telic's president, John Sidgmore. He quickly recognized I had talent. Within months he rewarded me with big-budget projects, like planning a conference in Las Vegas. More important, John asked for my opinions after staff meetings, making me feel valued.

I sometimes stayed late listening in on his negotiations with clients. I'd critique contracts and compare my notes to John's to see if I was on target. When he happened upon one of my marked-up contracts, he seemed genuinely impressed. Then he hared me a life-changing vote of cor dence: Night-school tuition nearby Hood College, where I co get a business degree.

Mentors like John are rare, when he left to join a tiny, start- Internet company named UUNet 1994, I went with him. "You crazy," Joe said when I told h about the job offer. The offices w two hours away. We'd just bough house in Frederick, Maryland, do bling our mortgage, yet I was takin 40-percent cut in pay. The on sweetener in the deal was stock o tions, though their potential did n register with me. I simply hoped t working for a company with ju thirty employees would allow me shoulder more responsibility.

Joe is not much of a risk-take but he knows that I don't mind g ing out on a limb. Luckily, he w secure in his job as a computer sale man and was making a comfortab salary, so he didn't try to stop n from making the move.

Getting the fledgling company the ground wasn't easy. The Intern was still unfamiliar territory to mc of America; our job was makir UUNet sexy to investors and t press. Sixteen-hour days weren't u usual. I spent weekends at the offi and studying for school, which sandwiched in two nights a week.

But within months, our firm w generating buzz on Wall Street. Tw Internet companies similar to ou had already made big bucks fro their initial public offerings. On Jar uary 13, 1995, at a business confe ence, Bill Gates announced th Microsoft Corporation had picke UUNet to provide speedy Interne access for its customers. We were th talk of the financial town.

At work, the phones started ring ing nonstop. Press, investors and po tential partners were calling fo information on the hot new Interne company. I was ready; four years studying John's business *(continue*



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moves had prepared me to be UUNet's spokesperson. I began responding to questions, and John made my new role official. Just seven months after starting the job, I was not only his assistant but also the head of investor relations, media relations and marketing communications. As I turned twenty-eight, my career was finally taking off.

Soon after, UUNet went public. Right away, I paid off my mother's mortgage. Then Joe and I opened a $30,000 college trust fund for each of our ten nieces and nephews. To this day, nothing makes me happier than treating the kids to a shopping spree or surprising the older girls (two ten-year-olds and a twelve-year-old) with manicures at a swanky salon. I want them to relish their childhoods.

For the next several months, Joe and I had a ritual: As UUNet continued to climb, I'd page him with the latest share price. At our desks, we'd each do the mind-boggling math. Six months after the IPO, the share price reached $98, making my stake worth $8 million. We invested 90 percent of our earnings in technology stocks. The rest went into a mutual fund, 401(k) plans and savings. We bought a BMW to make my commute more comfortable. (We later splurged on a Porsche Boxster.) We fixed up our house, outfitting our basement with a mahogany bar and a CD jukebox, and repaving the driveway. We could have moved to a bigger place on a ritzier street, but we didn't want our lives to change too much.

Joe, however, was concerned that our millionaire status would change the way people viewed us—especially after magazines and newspapers published my net worth. But while our friends sometimes ribbed us about picking up dinner checks, they never treated us differently or acted jealous. Neither did our siblings. They know they can count on us in a pinch.

One of my relatives actually suggested what could turn into my biggest success yet. In 1998 my brother-in-law complained about the lack of Web sites selling office supplies. I did some market analysis and, sure enou spotted a hole in the market.

Within six months—about I graduated college—Onlin Supplies.com was in busine nanced the company initially UUNet earnings. Joe, who portive but viewed the busine endeavor, didn't get involve company right away. Never worked for a start-up, he wa tain that he could thrive in th ronment. But after leaving his November, he filled in tempo our sales department and lov much he never left.

The site's sound business pla me onstage with Bill Gate roundtable discussion on strategies and won me Microso Best E-commerce Solution Since then, I've raised $18 milli investors, hired 150 employ launched a national ad campaig enues were $1.5 million in 199

I've worked hard to achieve I leave my house at seven A start returning calls on my cel before rounding the first c work at least eighty hours a practically live out of my suitc iting office-supplies plants and ing conferences and meetings.

Some months, travel takes n for weeks. Joe claims he's use lifestyle, and that exercising an ing out with friends keeps hi being lonely. But I feel guilty. the one gift I can't give him.

Not yet, at least. Within t two years, I'd like to take my c public and sell it—then slow d find the balance that's missing life. It's been ages since I wor or ate right. And at thirty-th biological clock is ticking.

For now, though, I'm thriv my career. And I'm not the o who takes pride in my succe mom is thrilled by all I've plished. I recently took her office at OnlineOfficeSupplie and she was impressed by the of employees.

Seeing how proud she was m feel great. I know now that as l believe in myself, anything is pos

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WHAT THE STORK FORGOT

YOU'VE MADE IT THROUGH TH PREGNANCY AND DELIVERY. WHAT' NEXT (BESIDES A FEW MONTHS O NO SLEEP)? FOLLOW THIS CHECKLIST

☑ **Get a Social Security number** fo your child. (Call 800-772-1213 or visit local Social Security office.) You'll nee to do this in order to claim your child a a dependent on your tax form and t open a bank account in his or her name.

☑ **Update your W-4** form to increas your number of tax exemptions.

☑ **Contact your company's human resources department** to amend your ben efits, designating the child as a secondar beneficiary to your life insurance an 401(k) plan and adding him or her to you health insurance policy.

☑ **Purchase life and disability insuranc** for yourself if you aren't already covered or consider increasing your coverage.

☑ **Update your will** or draw one up i you haven't already, designating a guardian for your child. A will gives yo control over what happens to your asset if you die.

Q What are my health insurance options if I leave a company to go freelance?

A If you and your dependents aren't covered under a spouse's group health plan, you can extend your current coverage under the Consolidated Omnibus Reconciliation Act (COBRA), which entitles you to buy into your former employer's health plan for eighteen months. After COBRA benefits expire, you have the right to convert to an individual policy with the same carrier—without passing a physical—if your former group plan has a conversion option. Unfortunately, a converted policy may cost more than COBRA coverage. If you choose not to convert (or if it's not an option), you'll have to shop the market. Try Blue Cross/Blue Shield or an HMO that lets individuals join. If you have a preexisting condition and are concerned about the ramifications, call your state insurance office to find out about the regulations. You may be eligible for coverage in one of the high-risk insurance pools that some states offer.

—Smart Questions to Ask Your Financial Advisers, by Lynn Brenner

portfolio pointers

In *The Winning Portfolio*, Paul B. Farrell gives these tips for successful mutual-fund investing:

1 Prepare a financial plan. Determine your goals—saving for a child's education? Your own retirement?—then learn which investments will help meet those goals.

2 Save on a regular schedule. Discipline yourself to invest a fixed percentage of your income on a consistent basis.

3 Stick with your portfolio's asset allocations. Once you have selected the right investments to meet your financial goals, don't mess with the mix. Long-term investing is the way to go.



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Pets From HELL

Dogs on the warpath, birds that bite—an out-of-control animal can make life miserable. But, as these women discovered, you *can* make an unruly pet behave **By Julie Weingarden**

THE DOG WHO NEEDED DAY CARE

When Beth Roland first locked eyes with her Great Dane, Hamlet, in the summer of 1998, she was overwhelmed with love and pity. In his short life—just under two years—Hamlet had been abandoned and abused, bounced around between six different homes and never obedience-trained. He was sick, weak and terribly underweight by the time Beth adopted him from the Humane Society near her home in Richmond, Virginia.



Hamlet: Anxious no more

Beth, a thirty-two-year-old attorney, took a week off to care for her new companion. "In retrospect, I probably created a monster because I made him so dependent on me," she says.

Despite Beth's ministrations, Hamlet developed pneumonia and ended up in the animal hospital for two weeks. When Beth brought him back home, her pal turned into a holy terror.

Hamlet took his frustration out on Beth's furniture, tearing up whatever he could find. "One time I came home and it looked like it had snowed in my apartment, because he slashed my down comforter," she says. "Another time, I found my couch ripped to shreds right down to the coils. I was in tears every day on my way home from work, wondering what he had torn up."

The situation got so bad that Beth had to climb out her bedroom window when she left for work so Hamlet wouldn't see her; otherwise, the 180-pound dog would literally block the front door. Beth didn't have the heart to give Hamlet back to the shelter, but she had to find a way to live with him: "I was running out of furniture."

A veterinarian suggested anti-anxiety medication, but says Beth, "I wanted to get rid of his anxiety, *(continued*



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(continued) not mask it." Several dog trainers suggested confining Hamlet to a crate during the day and keeping a choke collar on him when Beth was home so she could yank it whenever he acted up. No way, Beth thought.

Beth's salvation came in the form of All Dog Playskool, a dog day-care facility next to her gym. She called the owner, dog trainer Cindy Briggs, and asked whether Hamlet could benefit from being with other dogs. Briggs assured her he could. "She said that if we could give him self-confidence through socialization and training, then he wouldn't be so afraid to be by himself," Beth says.

Briggs explains that dogs who tear up the house aren't acting out of spite. They look to their owners for guidance, food and company and can become stressed when the owners go away. "Day care showed Hamlet how to have fun without Beth," says Briggs.

Beth dropped Hamlet off early in the morning a picked him up after work. She also enrolled him in t center's puppy obedience classes and worked on traini techniques with him at home. Hamlet's day was carefu structured: morning playtime with the other dogs, fo lowed by a snack, nap and more outdoor romps. Be says the $18 daily fee was worth every cent. Within tw months, she was able to leave Hamlet home alone f short periods of time; after four months, the problem w completely solved.

Beth still takes Hamlet to the Playskool at least once week. "Hamlet has evolved from an insecure dog to self-confident companion who comforts, entertains a protects me," she says. "I owe it all to doggy day care."



Rx for Sindbad: Patience and love

THE BALD BIRD

When Julie Rach adopted her imported African grey parrot, Sindbad, in 1989 from a family that was no longer able to care for her, she expected an attractive, friendly companion who could talk and maybe even whistle *Dixie*. What she got was an undernourished, bedraggled bird that couldn't walk or fly.

"She almost died on my lap the first day," says Julie, a freelance writer from Carlsbad, California. Julie took Sindbad straight to an avian veterinarian, who put her in an incubator and started intensive care. After being dosed with vitamin and mineral supplements and antibiotics for a bacterial infection, Sindbad was soon strong enough to come home.

But that was only the beginning. Julie noticed behavior problems in her pet right away. "The first two weeks, Sindbad sat shaking in the corner of her cage," says Julie. "She couldn't relax, no matter what I did. She bit me whenever I tried to pick her up, and many times she'd growl and scream at me. I have scars on my hands from her beak pinching my fingers."

Sindbad also pulled out her feathers—a fairly common habit in birds under stress. She plucked her chest and wingtips nearly bald. "It was frustrating because she'd look over at me and yank out her feathers, like she wanted me to see," says Julie. "Sometimes there would be blood. She wouldn't yell in pain, but it had to hurt."

Fortunately, Julie had access to some of the country's best avian veterinarians and behaviorists because she worked at Fancy Publications, the company that owns *Bird Talk* magazine. Several experts concluded that Sindbad needed tender loving ca and a combination treatment o healthy diet, consistent routine a stimulating environment in order become a friendlier pet. (Sindbad w born in the wild and imported, whi may have contributed to her pro lems. Birds raised by hand in captiv tend to be tamer.)

Sindbad's former owners had f her mostly sunflower seeds—an ina equate source of nutrition, says Jul who learned from the experts that all-seed diet can lead to behavi problems in parrots. Sindbad's ne regimen consisted of a product call Nutri-Berries (little nuggets of see nuts and corn), vitamins and natu foods, including vegetables, chee oatmeal and crackers. "Anythi healthy I was eating, I felt comfo able giving to Sindbad," says Julie.

Some foods even helped cu Sindbad's undesirable habits. Givi her peanuts, pea pods or pomegran seeds forced her to focus on getti the food out. "The thinking was keep her busy so she'd have less ti to pick at her feathers or screan says Julie. Giving her plenty of t and rotating them regularly al broke up the monotony.

Julie put Sindbad on a structur schedule, feeding her and letting h out of her cage at specific times. Ju also made sure she was (continu

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routine—consistent in communicating, since birds are social creatures who can become bored and lonely. "I greeted her whenever I came home," says Julie. "Whenever I left the house, I'd leave a radio or TV on." (Sindbad seems especially fascinated by *Sesame Street* and Sean Connery movies; she perks up and her eyes widen whenever they come on.)

Sindbad had been traumatized by the young son of her previous owners, who "played" with her by rattling her cage and screaming. "I had to gain her trust," Julie explains. "I always spoke to her in a calm, gentle and deliberate voice." A turning point came after about two months, when Sindbad fell into a corner of her cage and got stuck. "I was able to help her out and cuddle her without getting bitten," says Julie.

Within six months, Sindbad was a different bird—calm and affectionate. Today, she loves being held and pe ted, and has even enjoyed being t ed around in the hood of Julie sweatshirt. Most of her feathers ha grown back, but she has a bald sp on her chest that may be permanen

"Sindbad's seen me through t loss of both of my parents, several j changes and the excitement of ever day life," Julie says. "I'm glad I did give up on her. She's my be friend."

THE TERRIBLE TERRIER

Kathi O'Malley loved watching Bailey, her funny and vivacious female Welsh terrier, romp around the yard. If one dog is a joy, two must be even better, she reasoned.

So in the fall of 1996, the forty-six-year-old flight attendant and her husband, John, bought a Welsh terrier puppy from a breeder. But as soon as they brought nine-week-old Shelby to their home in Arlington, Texas, they discovered that she was a bully—and her victim was Bailey.



Bailey (front) and Shelby: Friends at last

Shelby's behavior affected the whole household. She wouldn't allow her owners to pet or hold Bailey; if they did, she would stand tall, growl and stare Bailey down. "If we wanted to show Bailey any affection, we had to put Shelby in another room," says Kathi.

By the time Shelby was fully grown, she outweighed Bailey by seven pounds—a considerable difference for the small breed. Hardly a week passed when Shelby didn't launch a major attack. Bailey ended up in the animal hospital fifteen times. Once, Shelby grabbed Bailey's collar with her teeth and twisted it so hard that it nearly strangled her. Fortunately, John was able to revive her.

Kathi was miserable—and so was Bailey. The once lively dog became quiet and fearful. Kathi tried dog-training classes, pored over piles of books and even consulted a pet psychic. Nothing worked.

Then one day, Kathi read a book by Nicholas H. Dodman, D.V.M., a behaviorist and professor at Tufts University School of Veterinary Medicine, in Boston. In the spring of 1999, Kathi decided to make the trip to Massachusetts with Shelby to see Dodman.

Aggression is the most common behavior problem in dogs, according to Dodma the author of *Dogs Behavi Badly*, *The Cat Who Cried Help* and *The Dog Who Lov Too Much* (Bantam Books). B many pets can be helped by t same mood-altering medic tions humans use, coupled wi proper obedience trainin Dodman put Shelby on Proza which decreases aggressive b havior. Sure enough, after month on the drug, Shell seemed calmer and "less be out of shape over what Bail was doing," says Kathi.

Dodman also referred Kathi to Diane Arrington, a b haviorist and private trainer in Dallas, who worked wi Shelby intensively and taught Kathi how to take contr At home, Kathi practiced the routine with both dogs ar stayed in touch with Dodman and Arrington.

Finally, Kathi worked on the underlying problen teaching Shelby her place in the family. "Trouble usual occurs between household dogs because they are not a lowed to establish the correct pecking order," says Do man. "Dogs are pack animals, and they need to kno which dog is the leader."

Kathi thought she was being fair by treating both do equally, but Shelby, dominant by nature, was trying t move up in the household hierarchy. Kathi needed show Shelby who was top dog by consistently allowi Bailey to be fed, praised and let outdoors first.

Shelby's aggression problem was solved in eig months. "Now, I come home and cuddle with both them on my lap—something I never could have done b fore," Kathi reports. "We're finally a family." ■

Julie Weingarden writes for Newsweek, Marie Claire, FamilyFun and many other publications.

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The DISEASE Doctors Still MISS



Thirteen million Americans have a thyroid disorder, but only half know it. Here are the symptoms to look for, and the test you should demand today **By Ronny Frishman**



THYROID GLAND

The thyroid is a bow-tie shaped gland near the Adam's apple. It hugs the windpipe, and releases key hormones that circulate throughout the body

Shortly after her May 1998 wedding, Michelle Chiaro couldn't shake the blues. "The first six months of marriage were a nightmare," says Chiaro, forty-one, a social worker from West Chester, Pennsylvania. She was exhausted, gaining weight, and her libido was waning. Chiaro suspected depression—a reaction to a year in which she lost her mother and had a breast-cancer scare. A psychiatrist agreed, and put her on Prozac.

But Chiaro still felt foggy and forgetful. She finally went to her internist and a blood test revealed hypothyroidism, an underactive thyroid. She began daily medication, weaned herself off Prozac and got her life back. "I'm clear-headed and there are no signs of depression," says Chiaro.

In 1991 Kelly Hale, now forty-three, was working in the administrative office of a Houston hospital when she developed what felt like an ongoing caffeine high: She was jittery, had tremors and couldn't sleep. Her doctor diagnosed anxiety disorder and prescribed tranquilizers.

Over time, Hale's symptoms worsened. Her eyes bulged and she dropped three dress sizes. "I was having difficulty getting through my days," says Hale, who quit her job and moved in with her parents. "My brain was racing so fast, I couldn't remember anything." Someone noticed her nervousness and bulging eyes and suggested that Hale mig have Graves' disease, an autoimmune diso der that stimulates the thyroid. Two days l er, a specialist confirmed it with a blood te Hale started hyperthyroid therapy and w able to stabilize her condition. Because of l experience, she founded the American Fou dation for Thyroid Patients to help patie get the right diagnosis and support.

Thyroid disorders affect thirteen milli people in the U.S., including Tipper Go who recently had surgery to remove beni thyroid nodules, and former Preside George Bush and his wife, Barbara, wh both were diagnosed with Graves' disea while in the White House.

Though highly treatable, thyroid disease elusive—only half the people with this pro lem know it. Because symptoms tend mimic those associated with other conditio such as depression, stress and menopause, malfunctioning thyroid can easily be misse Runner and Olympic gold medalist Gail D vers was misdiagnosed repeatedly after h health took a nosedive in 1988. It wasn't u til her weight plummeted thirty-eight poun and she suffered severe heart palpitatio weakness and hair loss that she was finally d agnosed with and treated for Graves' disease

"Thyroid disease is often misdiagnosed b cause the symptoms are so widespread, th can affect any part of the body," *(continu*

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Most thyroid nodules, like Tipper Gore's, are benign; cases of cancer are usually treatable with surge

(continued) says Ridha Arem, M.D., an associate professor of medicine at Baylor College of Medicine, in Houston, and author of *The Thyroid Solution* (Ballantine Books, 1999).

Worries about undetected disease and needless suffering have led to increased awareness and more testing by doctors. That's particularly important for women, who are five to eight times more likely than men to develop thyroid disease, a risk that increases with age. "By the time a woman is sixty, she has a 20 percent chance of having a thyroid disease," says Stanley Feld, M.D., M.A.C.E., past president of the American Association of Clinical Endocrinologists (AACE) in Jacksonville, Florida.

LITTLE GLAND, BIG JOB

The thyroid is a small gland below or beside the Adam's apple that wields considerable power over the body's metabolism. It secretes two hormones—thyroxine (T4) and triiodothyronine (T3)—that circulate throughout the body, telling cells and tissues how fast to work.

The thyroid gets its orders from the pituitary gland, the master gland that monitors T4 and T3 hormones in the blood and adjusts levels by releasing thyroid-stimulating hormone (TSH). When thyroid hormone levels are normal, only a small amount of TSH is present. When supplies run low, the pituitary sends more TSH, signaling the thyroid to step up production; when hormone levels get too high, TSH secretion stops.

Several factors may help throw the thyroid off balance, most notably an underlying autoimmune disorder. Though researchers don't know what causes autoimmune diseases, they do know that the illnesses occur more often in women.

Thyroid dysfunction has been linked to premature graying, hair loss, dyslexia, left-handedness, chronic hives and vitiligo (a skin pigmentation disorder). But those at greatest risk are people with a family history of thyroid disease.

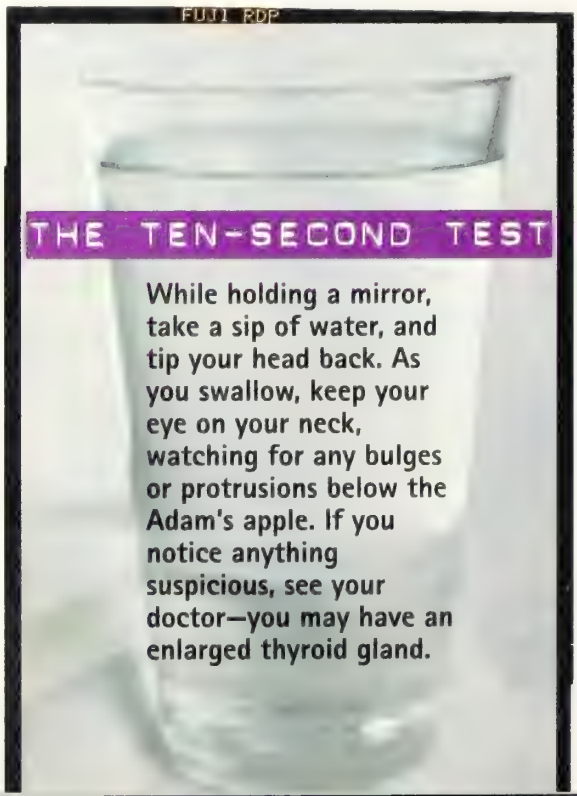
Most people with thyroid problems either have an overactive or underactive thyroid. Hyperthyroidism occurs when the thyroid releases too much hormone, causing metabolism and other organ functions to accelerate. The most common cause is **Graves' disease**. The illness generally strikes women between the ages of thirty and forty. Onset may be gradual, with such symptoms as weight loss, insomnia and irritability. Inflamed, protruding eyes are a hallmark of Graves', though not everyone develops eye disease. Untreated, hyperthyroidism can lead to heart failure and osteoporosis.

Hashimoto's thyroiditis, also
autoimmune condition, is the pri
ry cause of hypothyroidism, the m
common thyroid abnormality. In
disease, antibodies gradually dest
the thyroid, causing a slowdown
the body's systems. One in ten wo
en will develop Hashimoto's; wom
over forty are the most likely to ha
the condition. Many women dism
symptoms of fatigue and "the blu
as part of aging or perimenopau
However, failure to treat an undera
tive thyroid can cause anemia, hi
cholesterol and heart disease.

Postpartum thyroiditis is an i
flammation of the thyroid that occu
in 5 to 10 percent of women follow
ing pregnancy and probably is re
sponsible for most postpartu
depression. The problem usually re
solves on its own.

Some people develop pain
less lumps on the thyroi
Most of these **thyroid nodule**
are harmless, but a doctor wi
perform a biopsy to evaluat
the cells for cancer. An imag
ing test can also help diagnos
the nodules. Some patients—
like Mrs. Gore—have suspi
cious or problematic nodul
surgically removed.

Only 10 percent of peopl
with thyroid problems hav
thyroid cancer. Most malig
nancies first appear as a lum
or nodule on the thyroid, bu
sometimes the first sign is
swollen lymph gland in th
neck, a hoarse voice or diffi
culty swallowing. Most case
are curable with *(continue*



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Brief Summary

See package insert for full prescribing information.

Warnings: Because sleep disturbances may be the presenting manifestation of a

initiated only after a careful evaluation of the patient. The failure of insomnia to remit after 7 to 10 days of treatment may indicate the presence of a primary psychiatric and/or medical illness that should be evaluated. Worsening of insomnia or the emergence of new thinking or behavior abnormalities may be the consequence of an unrecognized psychiatric or physical disorder. Such findings have emerged during the course of treatment with sedative/hypnotic drugs, including Sonata. Because some of the important adverse effects of Sonata appear to be dose-related, it is important to use the lowest possible effective dose, especially in the elderly.

A variety of abnormal thinking and behavior changes have been reported to occur in association with the use of sedative/hypnotics. Some of these changes may be characterized by decreased inhibition (eg, aggressiveness and extroversion that seem out of character), similar to effects produced by alcohol and other CNS depressants. Other reported behavioral changes have included bizarre behavior, agitation, hallucinations, and depersonalization. Amnesia and other neuropsychiatric symptoms may occur unpredictably. In primarily depressed patients, worsening of depression, including suicidal thinking, has been reported in association with the use of sedative/hypnotics. It can rarely be determined with certainty whether a particular instance of the abnormal behaviors listed above are drug induced, spontaneous in origin, or a result of an underlying psychiatric or physical disorder. Nonetheless, the emergence of any new behavioral sign or symptom of concern requires careful and immediate evaluation. Following rapid dose decrease or abrupt discontinuation of the use of sedative/hypnotics, there have been reports of signs and symptoms similar to those associated with withdrawal from other CNS-depressant drugs (see **Drug Abuse and Dependence**). Sonata, like other hypnotics, has CNS-depressant effects. Because of the rapid onset of action, Sonata should only be ingested immediately prior to going to bed or after the patient has

should be cautioned against engaging in hazardous occupations requiring complete mental alertness or motor coordination (eg, operating machinery or driving a motor vehicle) after ingesting the drug, including potential impairment of the performance of such activities that may occur the day following ingestion of Sonata. Sonata, as well as other hypnotics, may produce additive CNS depressant effects when coadministered with other psychotropic medications, anticonvulsants, antihistamines, ethanol, and other drugs that themselves produce CNS depression. Sonata should not be taken with alcohol. Dosage adjustment may be necessary when Sonata is administered with other CNS depressant agents because of the potentially additive effects.

Precautions: GENERAL—*Timing of Drug Administration*: Sonata should be taken immediately before bedtime or after the patient has gone to bed and has experienced difficulty falling asleep. As with all sedative/hypnotics, taking Sonata while still up and about may result in short-term memory impairment, hallucinations, impaired coordination, dizziness, and lightheadedness.

Use in the elderly and/or debilitated patient: Impaired motor and/or cognitive performance after repeated exposure or unusual sensitivity to sedative/hypnotic drugs is a concern in the treatment of elderly and/or debilitated patients. A dose of 5 mg is recommended for elderly patients to decrease the possibility of side effects. Elderly and/or debilitated patients should be monitored closely.

Use in patients with concomitant illness: Clinical experience with Sonata in patients with concomitant systemic illness is limited. Sonata should be used with caution in patients with diseases or conditions that could affect metabolism or hemodynamic responses. Although preliminary studies did not reveal respiratory depressant effects at hypnotic doses of Sonata in normal subjects, caution should be observed if Sonata is prescribed to patients with compromised respiratory function, because sedative/hypnotics have the capacity to depress respiratory drive. Controlled trials of acute administration of Sonata 10 mg in patients with chronic obstructive pulmonary disease or moderate obstructive sleep apnea showed no evidence of alterations in blood gases or apnea/hypopnea index, respectively. However, patients with compromised respiration due to preexisting illness should be monitored carefully. The dose of Sonata should be reduced to 5 mg in patients with mild to moderate hepatic impairment. It is not recommended for use in patients with severe hepatic impairment. No dose adjustment is necessary in patients with mild to moderate renal impairment. Sonata has not been adequately studied in patients with severe renal impairment.

Use in patients with depression: As with other sedative/hypnotic drugs, Sonata should be administered with caution to patients exhibiting signs or symptoms of depression. Suicidal tendencies may be present in such patients and protective measures may be required. Intentional overdosage is more common in this group of patients (see **OVERDOSAGE**), therefore, the least amount of drug that is feasible should be prescribed for the patient at any one time.

INFORMATION FOR PATIENTS: Patient information is printed in the complete prescribing information.

LABORATORY TESTS: There are no specific laboratory tests recommended.

DRUG INTERACTIONS: *CNS-active Drugs*—Ethanol: Sonata potentiated the CNS-impairing effects of ethanol. The potentiation resulted from a CNS pharmacodynamic interaction; zaleplon did not affect the pharmacokinetics of ethanol.

Imipramine/Thioridazine: Coadministration of single doses of Sonata 20 mg and imipramine 75 mg or thioridazine 50 mg produced additive effects on decreased alertness and impaired psychomotor performance for 2 to 4 hours after administration. The interaction was pharmacodynamic with no alteration of the pharmacokinetics of either drug.

Paroxetine: Coadministration of a single dose of Sonata 20 mg and paroxetine 20 mg daily for 7 days did not produce any interaction on psychomotor performance. Additionally, paroxetine did not alter the pharmacokinetics of Sonata, reflecting the absence of a role of CYP2D6 in zaleplon's metabolism.

Drugs that Induce CYP3A4—Rifampin: Multiple-dose administration of the potent CYP3A4 inducer rifampin (600 mg every 24 hours, q24h, for 14 days), reduced zaleplon C_{max} and AUC by approximately 80%. The coadministration of a potent CYP3A4 enzyme inducer, although not posing a safety concern, thus could lead to ineffectiveness of zaleplon.

Drugs that Inhibit CYP3A4—The coadministration of a potent, selective CYP3A4 inhibitor is not expected to produce a clinically important pharmacokinetic interaction with zaleplon; however, there are no clinical studies specifically addressing this question.

Drugs that Inhibit Aldehyde Oxidase—Diphenhydramine: Diphenhydramine is reported to be a weak inhibitor of aldehyde oxidase in rat liver. There is no pharmacokinetic interaction between zaleplon and diphenhydramine following the administration of a single dose (10 mg and 50 mg, respectively) of each drug. However, because both of these compounds have CNS effects, an additive pharmacodynamic effect is possible.

Drugs that Inhibit Both Aldehyde Oxidase and CYP3A4—Cimetidine: Cimetidine inhibits both aldehyde oxidase (in vitro) and CYP3A4 (in vitro and in vivo), the primary and secondary enzymes, respectively, responsible for zaleplon metabolism. Concomitant administration of Sonata (10 mg) and cimetidine (800 mg) produced an 85% increase in the mean C_{max} and AUC of zaleplon. An initial dose of 5 mg should be given to patients who are concomitantly being treated with cimetidine.

Drugs Highly Bound to Plasma Protein—Zaleplon is not highly bound to plasma proteins (fraction bound 60%±15%); therefore, the disposition of zaleplon is not expected to be sensitive to alterations in protein binding. In addition, administration of Sonata to a patient taking another drug that is highly protein bound should not cause transient increase in free concentrations of the other drug.

Drugs with a Narrow Therapeutic Index—Digoxin: Sonata (10 mg) did not affect the pharmacokinetic or pharmacodynamic profile of digoxin (0.375 mg q24h for 8 days).

Warfarin: Multiple oral doses of Sonata (20 mg q24h for 13 days) did not affect the pharmacokinetics of warfarin (R+)- or (S-)-enantiomers or the pharmacodynamics (prothrombin time) following a single 25 mg oral dose of warfarin.

Drugs That Alter Renal Excretion—Ibuprofen: There was no apparent pharmacokinetic interaction between zaleplon and ibuprofen following single dose administration (10 mg and 600 mg, respectively) of each drug. This was expected because zaleplon is primarily metabolized, and renal excretion of unchanged zaleplon accounts for less than 1% of the administered dose.

CARCINOGENESIS, MUTAGENESIS, AND IMPAIRMENT OF FERTILITY—*Carcinogenesis*: Mice received doses equivalent to 6 - 49 times the maximum recommended human dose (MRHD) of 20 mg on a mg/m^2 basis. There was a significant increase in the incidence of hepatocellular adenomas in female mice in the high dose group. Rats received doses equivalent to 0.5 - 10 times the MRHD. Zaleplon was not carcinogenic in rats.

Mutagenesis: Zaleplon was clastogenic when tested for chromosomal aberrations in the in vitro Chinese hamster ovary cell assay. In the in vitro human lymphocyte assay, zaleplon caused numerical but not structural aberrations, only in the presence of metabolic activation at the highest concentrations tested. Zaleplon was not mutagenic in the Ames bacterial gene mutation assay or the Chinese hamster ovary HGPRT gene mutation assay. Zaleplon was not clastogenic in two in vivo assays, the mouse bone marrow micronucleus assay and the rat bone marrow chromosomal aberration assay, and did not cause DNA damage in the rat hepatocyte unscheduled DNA synthesis assay.

Impairment of Fertility: In a study in rats, mortality and decreased fertility were associated with administration of an oral dose of zaleplon of 100 mg/kg/day to males and females prior to and during mating. Follow-up studies indicated that impaired fertility was due to an effect on the female.

PREGNANCY—*Pregnancy Category C*: Oral administration of up to 100 and 50 mg/kg/day, respectively, to pregnant animals (rats and rabbits) throughout organogenesis produced no evidence of teratogenicity. In rats, pre- and postnatal growth was reduced in the offspring of dams receiving 100 mg/kg/day. This dose was also maternally toxic, as evidenced by clinical signs and decreased maternal body weight gain during gestation. The no-effect dose for rat offspring growth reduction was 10 mg/kg (a dose equivalent to 5 times the MRHD of 20 mg on a mg/m^2 basis). No adverse effects on embryofetal development were observed in rabbits at the doses examined.

In a pre- and postnatal development study in rats, increased stillbirth and postnatal mortality, and decreased growth and physical development, were observed in the offspring of females treated with doses of 7 mg/kg/day or greater during the latter part of gestation and throughout lactation. There was no evidence of maternal toxicity at this dose. The no-effect dose for offspring development was 1 mg/kg/day. When the adverse effects on offspring viability and growth were examined in a cross-fostering study, they appeared to result from both in utero and lactational exposure to the drug.

There are no studies of zaleplon in pregnant women, therefore, Sonata is not recommended for use in women during pregnancy.

LABOR AND DELIVERY: Sonata has no established use in labor and delivery.

NURSING MOTHERS: A study in lactating mothers indicated that the clearance and half-life of zaleplon is similar to that in young normal subjects. A small amount of zaleplon is excreted in breast milk, with the highest excreted amount occurring during a feeding at approximately 1 hour after Sonata administration. Since the small amount of the drug from breast milk may result in potentially important concentrations in infants, and because the effects of zaleplon on a nursing infant are not known, it is recommended that nursing mothers not take Sonata.

PEDIATRIC USE: The safety and effectiveness of Sonata in pediatric patients have not been established.

GERIATRIC USE: A total of 628 patients in double-blind, placebo-controlled, parallel-group clinical trials who received Sonata were at least 65 years of age; of these, 311 received 5 mg and 317 received 10 mg. In both sleep laboratory and outpatient studies, elderly patients with insomnia responded to a 5-mg dose with a reduced sleep latency, and thus 5 mg is the recommended dose in this population. During short-term treatment (14 night studies) of elderly patients with Sonata, no adverse event with a frequency of at least 1% occurred at a significantly higher rate with either 5 mg or 10 mg Sonata than with placebo.

Adverse Reactions: ADVERSE FINDINGS OBSERVED IN SHORT-TERM, PLACEBO-CONTROLLED TRIALS—*Adverse Events Associated with Discontinuation of Treatment*: In premarketing placebo-controlled, parallel-group phase 2-3 clinical trials, 3.1% of 744 patients who received placebo and 3.5% of 2,069 patients who received Sonata discontinued treatment because of an adverse clinical event. This difference was not statistically significant. No event that resulted in discontinuation occurred at a rate of > 1%.

Adverse Events Occurring at an Incidence of 1% or More Among Sonata 20 Mg-treated Patients: Table 1 enumerates, for a pool of three placebo-controlled 28-night studies of Sonata at doses of 5 or 10 mg and 20 mg, the incidence of treatment emergent adverse events. The table includes only those events that occurred in 1% or more of patients treated with Sonata 20 mg where the incidence in patients treated with Sonata 20 mg was greater than the incidence in placebo-treated patients.

TABLE 1: Incidence (%) of Treatment-emergent Adverse Events in Long-term (28 Nights) Placebo-controlled Clinical Trials of Sonata[1]

Body system Preferred term	Placebo (n = 277)	Sonata 5 or 10 mg (n = 513)	Sonata 20 mg (n = 273)
Body as a whole			
Abdominal pain	4	5	6
Asthenia	5	5	8
Fever	1	2	2
Headache	31	28	38
Malaise	<1	<1	2
Photosensitivity reaction	<1	<1	1
Digestive system			
Anorexia	<1	<1	2
Colitis	0	0	1
Dyspepsia	5	4	7
Nausea	7	7	8
Metabolic and nutritional			
Peripheral edema	<1	<1	1
Musculoskeletal system			
Myalgia	4	7	5
Nervous system			
Amnesia	1	2	4
Anxiety	2	1	3
Depersonalization	1	1	2
Dizziness	7	7	8
Hallucinations	<1	<1	1
Hypesthesia	0	<1	2
Paresthesia	1	3	3
Somnolence	3	5	5
Tremor	1	2	2
Vertigo	<1	<1	1
Respiratory system			
Pharyngitis	0	<1	1
Special senses			
Abnormal vision	<1	<1	2
Ear pain	0	<1	1
Eye pain	3	4	4
Hyperacusis	<1	2	2
Parosmia	1	<1	2
Urogenital system			
Dysmenorrhea	2	2	4

1 Events for which the incidence for Sonata 20 mg-treated patients was at least 1% and greater than the incidence among placebo-treated patients. Incidence greater than 1% has been rounded to the nearest whole number.

OTHER ADVERSE EVENTS OBSERVED DURING THE PREMARKETING EVALUATION OF SONATA: Following is a list of COSTART terms that reflect treatment-emergent adverse events as defined in the introduction to the **Adverse Reactions** section reported by patients treated with Sonata at doses in a range of 5 to 20 mg/day during premarketing phase 2 and 3 clinical trials throughout the United States, Canada, and Europe including approximately 2800 patie[illegible] All [illegible] are included except those already listed in Table 1 or els[illegible]ere in those events for which a drug cause was remote, and th[illegible] were so general as to be uninformative. It is important to e[illegible]asize the events reported occurred during treatment with Sonat[illegible]ey we sarily caused by it.

Events are further categorized by body system and listed in [illegible]r of d quency according to the following definitions: **frequent** a[illegible] occurring on one or more occasions in at least 1/100 patie[illegible]nfreq events are those occurring in less than 1/100 patients [illegible] patients; **rare** events are those occurring in fewer than 1/1[illegible]. Body as a whole - **Frequent:** back pain, chest pain, **infrec[illegible]t:** sternal, chills, face edema, generalized edema, hangover [illegible]e, Cardiovascular system - **Frequent:** migraine, **Infrequent:** a[illegible] fa branch block, hypertension, hypotension, palpitation, syncop[illegible] other latation, ventricular extrasystoles, **Rare:** bigeminy, cerebra[illegible]ch pericardial effusion, postural hypotension, pulmonary embol[illegible]mo thrombophlebitis, ventricular tachycardia. Digestive system [illegible]nque tion, dry mouth; **Infrequent:** eructation, esophagitis, flatulen[illegible] ast teritis, gingivitis, glossitis, increased appetite, melena, mo[illegible] ul hemorrhage, stomatitis; **Rare:** aphthous stomatitis, biliary [illegible] diospasm, cheilitis, cholelithiasis, duodenal ulcer, dysphagia, [illegible] rhage, increased salivation, intestinal obstruction, liver fun[illegible] he peptic ulcer, tongue discoloration, tongue edema, ulcerative [illegible] va system. **Rare:** diabetes mellitus, goiter, hypothyroidism. Hemi[illegible] d tem - **Infrequent:** anemia, ecchymosis, lymphadenopathy, [illegible] re leukocytosis, lymphocytosis, purpura. Metabolic and nutri[illegible] edema, gout, hypercholesteremia, thirst, weight gain. **Rare:** [illegible] bi glycemia, hyperuricemia, hypoglycemia, hypoglycemic rea[illegible] ke increased, SGPT increased, weight loss. Musculoskeletal s[illegible]m arthritis; **Infrequent:** arthrosis, bursitis, joint disorder (mainly [illegible] ea and pain), myasthenia, tenosynovitis. **Rare:** myositis, osteoporo[illegible] Ner

Frequent: depression, hypertonia, nervousness, thinking ab[illegible] nel cularity concentrating); **Infrequent:** abnormal gait, agitation, apa[illegible] ata oral paresthesia, confusion, emotional lability, euphoria, hypere[illegible] sio sia, hypotonia, incoordination, insomnia, libido decreased, neu[illegible] la. **Rare:** CNS stimulation, delusions, dysarthria, dystonia, facial [illegible] aly hypokinesia, myoclonus, neuropathy, psychomotor retardation [illegible] ro decreased, reflexes increased, sleep talking, sleep walking, slurr[illegible] pe trismus. Respiratory system - **Frequent:** bronchitis, **Infrequent:** [illegible] in laryngitis, pneumonia, snoring, voice alteration. **Rare:** apnea, hi[illegible] , tion, pleural effusion, sputum increased. Skin and appendages [illegible] equ tus, rash; **Infrequent:** acne, alopecia, contact dermatitis, dry skin [illegible] ze lopapular rash, skin hypertrophy, sweating, urticaria, vesiculobu[illegible] s melanosis, psoriasis, pustular rash, skin discoloration. Special se[illegible] s conjunctivitis; **Infrequent:** diplopia, dry eyes, photophobia, tinni[illegible] **Rare:** abnormality of accommodation, blepharitis, cataract speci[illegible] o sion, deafness, eye hemorrhage, glaucoma, labyrinthitis, retinal d[illegible] loss, visual field defect. Urogenital system - **Infrequent:** bladder [illegible] b cystitis, decreased urine stream, dysuria, hematuria, impotence. [illegible] kidney pain, menorrhagia, metrorrhagia, urinary frequency, urina[illegible] urinary urgency, vaginitis; **Rare:** albuminuria, delayed menstrua[illegible] rhea, menopause, urethritis, urinary retention, vaginal hemorrhage.

Drug Abuse and Dependence—CONTROLLED SUBSTANCE CL[illegible]: classified as a Schedule IV controlled substance by federal regulat[illegible] ABUSE, DEPENDENCE, AND TOLERANCE: *Abuse*—Two studies [illegible] abuse liability of Sonata at doses of 25, 50, and 75 mg in subjects [illegible] tories of sedative drug abuse. The results of these studies indicate [illegible] an abuse potential similar to benzodiazepine and benzodiazepine-li[illegible] *Dependence:* The potential for developing physical dependence o[illegible] subsequent withdrawal syndrome was assessed in controlled stud[illegible] 28-day durations and in open-label studies of 6- and 12-month[illegible] examining for the emergence of rebound insomnia following drug d[illegible] Some patients (mostly those treated with 20 mg) experienced a [illegible] insomnia on the first night following withdrawal that appeared to be [illegible] second night. The use of the Benzodiazepine Withdrawal Symptom [illegible] and examination for any other withdrawal emergent events did not de[illegible] evidence for a withdrawal syndrome following abrupt discontinuati[illegible] therapy in pre-marketing studies. However, available data cannot pro[illegible] estimate of the incidence of dependence during treatment at recomm[illegible] of Sonata. Other sedative/hypnotics have been associated with vario[illegible] symptoms following abrupt discontinuation, ranging from mild d[illegible] insomnia to a withdrawal syndrome that may include abdominal [illegible] cramps, vomiting, sweating, tremors, and convulsions. Seizures [illegible] observed in two patients, one of whom had a prior seizure, in clinic[illegible] Sonata. Seizures and death have been seen following the withdrawa[illegible] from animals at doses many times higher than those proposed for [illegible] Because individuals with a history of addiction to, or abuse of, drugs [illegible] at risk of habituation and dependence, they should be under careful[illegible] when receiving Sonata or any other hypnotic. *Tolerance:* Possible tole[illegible] hypnotic effects of Sonata 10 and 20 mg was assessed by evaluating [illegible] onset with Sonata compared with placebo in two placebo-controlled [illegible] les. No development of tolerance to Sonata was observed for time to [illegible] over 4 weeks.

OVERDOSAGE: There is limited pre-marketing clinical experience wit[illegible] of an overdosage of Sonata. Two cases of overdose were reported. [illegible] accidental ingestion by a 2½ year old boy of 20-40 mg of zaleplon [illegible] was a 20 year old man who took 100 mg zaleplon plus 2.25 mg of tria[illegible] were treated and recovered uneventfully.

Signs and Symptoms: Signs and symptoms of overdose effects of [illegible] sants can be expected to present as exaggerations of the pharmacol[illegible] noted in preclinical testing. Overdose is usually manifested by degre[illegible] nervous system depression ranging from drowsiness to coma. In [illegible] symptoms include drowsiness, mental confusion, and lethargy; in [illegible] cases, symptoms may include ataxia, hypotonia, hypotension, respira[illegible] sion, rarely coma, and very rarely death.

Recommended Treatment: General symptomatic and supportiv[illegible] should be used along with immediate gastric lavage where [illegible] Intravenous fluids should be administered as needed. Animal studies [illegible] flumazenil is an antagonist to zaleplon. However, there is no premark[illegible] experience with the use of flumazenil as an antidote to a Sonata ove[illegible] all cases of drug overdose, respiration, pulse, blood pressure, and oth[illegible] ate signs should be monitored and general supportive measures [illegible] Hypotension and CNS depression should be monitored and treated by [illegible] medical intervention.

Poison Control Center: As with the management of all overdosage, t[illegible] of multiple drug ingestion should be considered. The physician may [illegible] sider contacting a poison control center for up-to-date information [illegible] agement of hypnotic drug product overdosage.

Based on Sonata CI 6001-1 issued August 13, 1999

WYETH-AYERST LABORATORIES
Philadelphia, PA 19101

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ASE DOCTORS MISS

the thyroid gland and fol-
rapy.

SIS AND TREATMENT

n can detect whether you
nlarged thyroid—often the
f an overactive or underac-
—by physically examining
(for a self-test, see "The
nd Test" on page 56). The
for diagnosing thyroid dys-
s a simple blood test that mea-
H. Abnormal results usually are
with a test to measure T4 and
and possibly other blood tests
d indicate an autoimmune dis-
iodine absorption test.
6 study by researchers at Johns
Medical Institutions, in Balti-
vocated periodic screening of
dults over thirty-five—partic-
omen—to test for mild thyroid
tion. It is especially critical,
ys, that pregnant women and
anning to have a child get test-
yroid imbalance contributes to
ty and miscarriage," he says.
en mild thyroid deficiency in a
ht woman can lead to mental
ment and a lower IQ in her
cording to a recent study.
usual treatment for hypothy-
is daily medication to
the lost T4 hormone,
corrects the condition
lieves symptoms. There
dence that some people
etter when taking a com-
ion of T4 and T3, but
gimen needs more study.
ere are three options for
ng hyperthyroidism. A
or may prescribe anti-
id drugs that reduce hor-
production. More
ive is therapy with ra-
tive iodine, which is tak-
lly and generally destroys
yroid gland. Less com-
is surgical removal of the
id gland. Once the gland
troyed or removed, pa-
then need hypothyroid
cation.
ough treatment sounds straightforward, it isn't. Because people react differently to shifts in thyroid balance, the dosage that pushes one person's TSH back into the normal range may not produce the same effects in someone else, Feld explains. The AACE recommends monitoring patients every few weeks until the TSH is normal, followed by checkups every six to twelve months.

Doctors disagree about whether to treat people who have TSH levels indicating low-grade thyroid disease but no symptoms. Most endocrinologists (doctors who specialize in the glands and hormonal system) argue that starting thyroid medication early can prevent misery later and provide unseen benefits, such as keeping cholesterol in check. Other physicians say early treatment isn't necessary.

Being assertive about testing and alert to the symptoms of thyroid disease are important to maintaining good health. But perhaps more crucial is finding a knowledgeable, attentive physician. "Get as much information as you can," says Kelly Hale. "If you don't feel you have a good relationship with your doctor, find someone you can work with." ■

Ronny Frishman is a contributing editor to Ladies' Home Journal.

KNOW THE SIGNS OF THYROID DISEASE

HYPOTHYROIDISM	HYPERTHYROIDISM
Enlarged thyroid	Enlarged thyroid
Lingering fatigue	Nervousness or irritability
Depression	Insomnia
Weight gain	Weight loss
Cold intolerance	Heat intolerance
Slow heartbeat	Rapid heartbeat
Forgetfulness	Muscle weakness
Chronic constipation	Frequent bowel movements
Dry skin and hair	Hair loss
Heavy menstrual periods	Irregular menstrual periods
Hoarse voice	Bulging eyes

WIN A TRIP TO NEW YORK CITY &
GIVE YOURSELF A LIFT!

ENTER THE REVLON AGE DEFYING SWEEPSTAKES
YOU COULD WIN AN EXCITING WEEKEND GETAWAY TO NEW YORK CITY FOR TWO

HOW TO ENTER

Send proof-of-purchase of any Revlon Age Defying product with your name, address and phone number to: Revlon Age Defying Sweepstakes, Ladies' Home Journal, 125 Park Avenue, 19th Floor, NY, NY 10017. See page 198 for official rules and entry details. **No purchase necessary to enter or win.**

FIND OUT MORE ABOUT REVLON'S AGE DEFYING ALL DAY LIFTING FOUNDATION ON PAGES 32-33.



REVLON

FEEL LIKE A WOMAN

For people with type 2 diabetes

Avandia®

rosiglitazone maleate

Strengthen your body's own ability to control blood sugar.

"I manage my type 2 diabetes through diet, exercise and medication.

"The medication my doctor prescribed is *Avandia*. *Avandia* works differently from most other diabetes medications. It strengthens my body's ability to use its own natural insulin more effectively for long-lasting improvement in blood sugar control. I can feel comfortable taking *Avandia* tablets because they're safe to take as prescribed once or twice a day."

I am stronge

Avandia, along with diet and exercise, may be used either alone or with Glucophage® (metformin HCl) for improved blood sugar control.

In studies, the most common side effects included cold-like symptoms and headache. A small percentage of people experienced anemia and/or mild to moderate swelling of their legs or ankles. If you experience these or other symptoms, talk to your doctor.

As with most diabetes medications, you may experience an increase in weight (3 to 8 pounds). This often occurs with improved blood sugar control.

If you are a premenopausal woman who is not ovulating, you should know that *Avandia* therapy may result in resumption of ovulation, which may increase your chances of becoming pregnant. Therefore, you may need to consider birth control options. Talk to your doctor before taking *Avandia* if you are nursing, pregnant or thinking about becoming pregnant.

While taking *Avandia*, follow your doctor's guidelines for periodic liver monitoring. If you experience nausea, vomiting, stomach pain, tiredness, anorexia, dark urine or yellowing of the skin, talk to your doctor immediately. Tell your doctor if you have a history of congestive heart failure or edema. Please see important patient information on the following page.

For improved blood sugar control, follow the diet, exercise, weight-loss and medication plan recommended by your doctor and test your blood sugar regularly.

If you have type 2 diabetes, talk to your doctor.

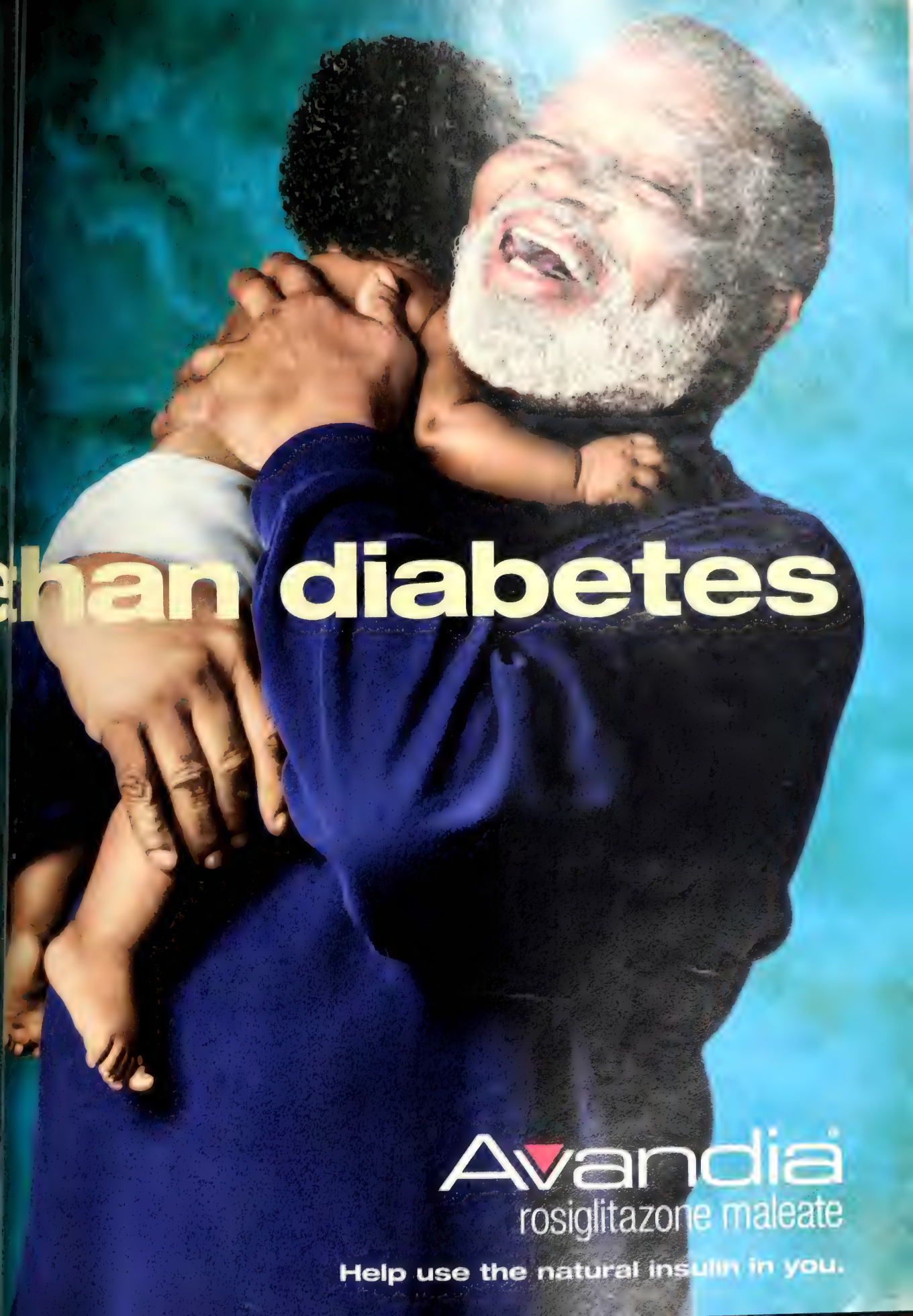
Or for more information, call 1-800-AVANDIA.

www.avandia.com

SB SmithKline Beecham Pharmaceuticals

Bristol-Myers Squibb Company

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Glucophage is a registered trademark of LIPHA s.a.
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han diabetes
Avandia®
rosiglitazone maleate
Help use the natural insulin in you.

Patient Information About AVANDIA® (rosiglitazone maleate) Tablets 2 mg, 4 mg, and 8 mg

What is *Avandia*?
Avandia is one product in a new class of prescription drugs called thiazolidinediones (thigh-a-zoe-lid-een-die-owns). It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body still produces insulin but it is not able to fully use the insulin. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take up to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day in the morning or twice a day in the morning and evening. It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
If your doctor has prescribed *Avandia* for use once a day:

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

If your doctor has prescribed *Avandia* for use twice a day:

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia*, alone or in combination with other prescription drugs, may improve these other efforts by helping your body make better use of the insulin it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using othe[r] m[edica]tions, including other antidiabetic medications, bir[th] c[ontrol] pills, warfarin (a blood thinner), Zantac® (ranitidine, a[n] a[cid] product manufactured by Glaxo Wellcome Inc.), cer[tain] medications, and some cholesterol-lowering produ[cts]. You should discuss with your doctor the most appropriat[e] p[ills] for you. If you are taking prescription or over-the-counter m[edicines] for your diabetes or for conditions other than diabetes, b[e sure] to tell your doctor.

What should I discuss with my doctor before t[aking] *Avandia*?
You should talk to your doctor if you have a history o[f] liver problems or congestive heart failure, or if you are [or] pregnant or thinking of becoming pregnant. If you a[re] a menopausal woman who is not ovulating, you shou[ld] that *Avandia* therapy may result in the resumption of o[vu]lation which may increase your chances of becoming p[reg]nant. Therefore, you may need to consider birth control opt[ions].

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials. T[he] common side effects reported by people taking *Avandia* [were] upper respiratory infection and headache. As with mo[st] diabetes medications, you may experience an increase [in] w[eight] (3 to 8 pounds). This often occurs with improved bloo[d] sugar control. *Avandia* may also cause edema and/or anemia. If you experience any swelling of your extremities (e.g., legs), [fa]tigue or tiredness, notify your doctor.

Who should not use *Avandia*?
The following people should not take *Avandia*: Peo[ple] with type 1 diabetes, people who experience yellowing of [the] skin with Rezulin® (troglitazone, Parke-Davis), people who a[re] allergic to *Avandia* or any of its components and peo[ple] with diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure you[r] blood sugar control. In addition, your doctor may condu[ct] liver enzyme tests. *Avandia* did not show signs of liver prob[lems] in studies. However, because a related drug (*Rezulin*) ha[s] been associated with such problems, and because *Avandia* has not been widely used, your doctor may recommend a blood [test] to monitor your liver before you start taking *Avandia*, e[very] two months during the first year and periodically thereafter.

It is important that you call your doctor immediately if you [expe]rience nausea, vomiting, stomach pain, tiredness, an[orexia], dark urine, or yellowing of the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a chi[ld] container out of the reach of children. Store *Avandia* in i[ts] original container.

DATE OF ISSUANCE AUG. 1999

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SmithKline Beecham Pharmaceuticals
Philadelphia, PA 19101

AV:L2PI



Announcing Our Life Stories CONTEST

Every woman has a great story to tell—be it about her family, her job or her personal growth—and we want to hear yours. You could win a cash prize and the opportunity to be published in LHJ.

We're looking for thoughtful essays (no longer than 750 words), illustrated with anecdotes, that capture a specific challenge, triumph or lesson in *one* of the following categories:

- **A LOVE STORY**
- **A PARENTING STORY, OR A STORY THAT INVOLVES YOUR PARENT(S) OR SIBLING(S)**
- **A PERSONAL CHANGE**
- **YOUR WORK**
- **YOUR SPIRITUALITY**

We'll select the best essays for publication in future issues. First prize is $2,000; second prize is $1,500; third prize is $1,000. Nine other essays will be chosen for honorable mention; those winners will each receive $500.

Your stories must be original (never published) and all details must be factual. You may enter more than once, but no more than one essay per category. Entries should be no longer than 750 words, typed (double-spaced). Include your name, address, daytime phone number, age and a recent picture of yourself. Send entries to LifeStories, *Ladies' Home Journal*, 125 Park Avenue, New York, NY 10017; your submissions must be received by July 15. We cannot accept faxed or E-mailed entries, and we cannot acknowledge or return essays or photos.

No purchase necessary. Open to U.S. residents 18 years and older, except the employees of Meredith Corporation, their immediate families or household members. Winners will be selected on or about 8/31/00 by LHJ and notified by phone or mail. Entries will be judged 50 percent on appropriateness to the theme and 50 percent on originality, creativity, clarity of expression and interest to our readers. Judges' decisions are final. Winners agree to assign copyright in the essay to Meredith Corporation/LHJ and to complete a Publicity/Liability release within 10 days of notification. Winners agree to give permission to use name, hometown and photo for editorial/promotional purposes by LHJ, except where prohibited by law. One prize per person or household. Void where prohibited. Subject to U.S., federal, state and local laws. Winner is responsible for taxes on prizes. For winner list, send SASE after 9/29/00 to above address.



On the ROAD...



On the BALL...



On the GO.....



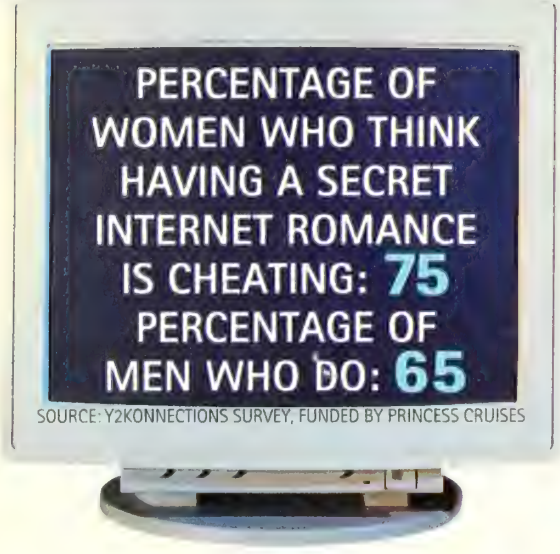
Think Wet Ones!

Clean up anytime...anywhere.



THE KEY TO SEXUAL SATISFACTION: YOU

In a recent study of dating and newly married couples at Illinois State University, in Normal, men were more likely than women to initiate sex. Yet couples reported greater satisfaction when the woman initiated sex—or both partners did so equally. Researchers speculate that men like assertive women, and that women who initiate intercourse are sexually satisfied to begin with. Still, it remains to be seen whether this holds true for long-married couples; an earlier study showed that these couples are *less* satisfied when the wife initiates sex, perhaps because the husband is no longer interested.



SOURCE: Y2KONNECTIONS SURVEY, FUNDED BY PRINCESS CRUISES

WHAT'S SEXY NOW?

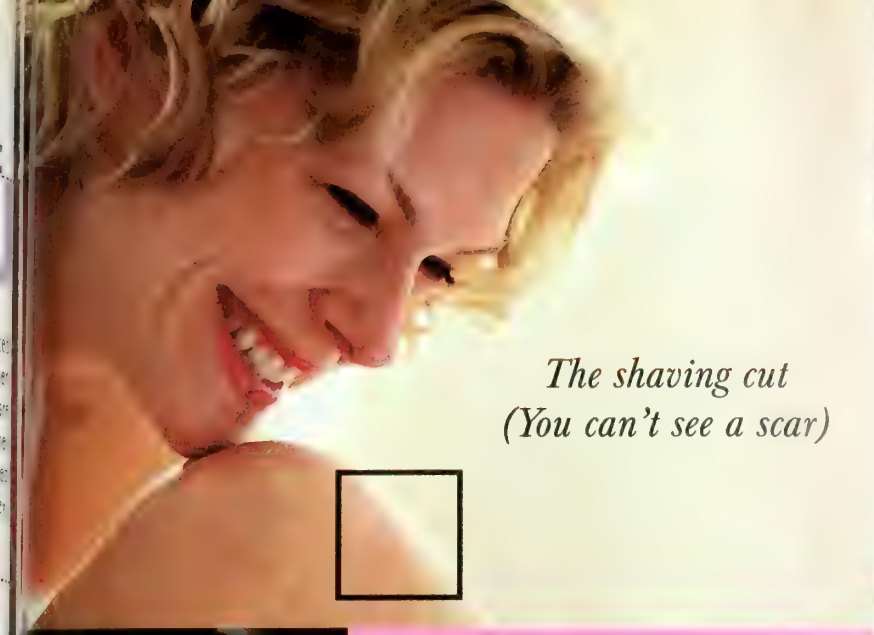


Here's a recipe for a steamy summer night: Bring him flowers—lavender, lily of the valley or roses. All of these scents have been shown to boost arousal in men, according to the Smell & Taste Treatment and Research Foundation, in Chicago. But only lavender does the trick in women. For best results, according to the Foundation, put a bouquet of lavender on the dinner table and serve pumpkin pie for dessert; this combination apparently has the most pronounced effect on both men's and women's libidos. Interestingly, women also seem to be turned on by the scents of Good & Plenty and cucumber, as well as baby powder. In addition to boosting blood flow to the genitals, these scents may help reduce anxiety, enhancing desire.

SEX MYSTERY OF THE MONTH

Q Does alcohol really help get you in the mood?

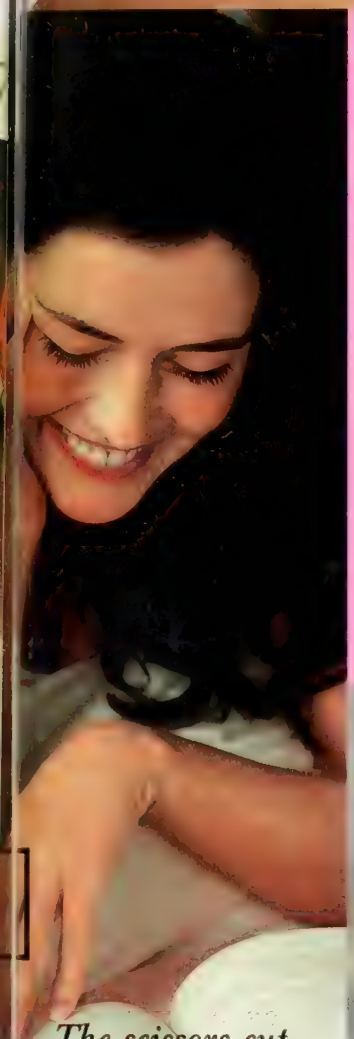
A Only if you believe it will, according to a new study published in the *Journal of Studies on Alcohol.* Young men who were told they were consuming alcohol viewed erotic slides longer than those who didn't think they were imbibing; they also rated other apparent drinkers—especially women—as more sexually uninhibited than nondrinkers. Yet all of the participants were served nonalcoholic drinks. Researchers suspect that booze is more likely to influence behavior in situations involving conflict.



The shaving cut
(You can't see a scar)



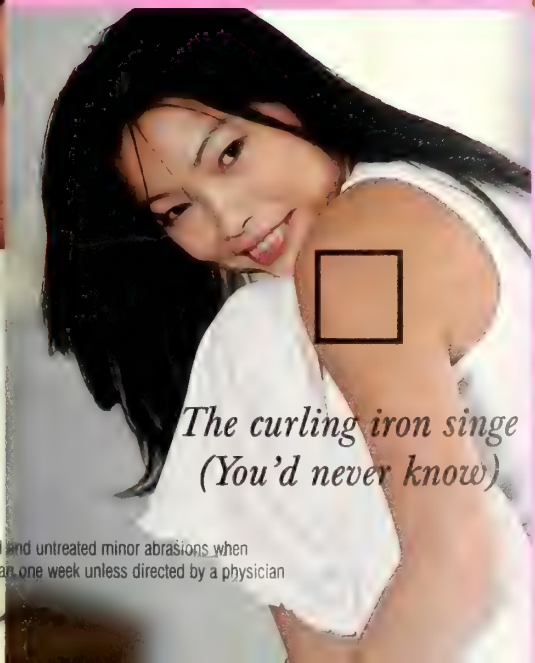
The rollerblading scrape
(Barely a mark)



The scissors cut
(Nobody notices)

Scars? What scars?

That's the beauty of Neosporin.
*A clinical test shows that treating scrapes with Neosporin helps minimize the appearance of scars.**
Plus, it kills the bacteria that cause infection.



The curling iron singe
(You'd never know)

Clinical evidence.
Helps minimize
the appearance of scars.



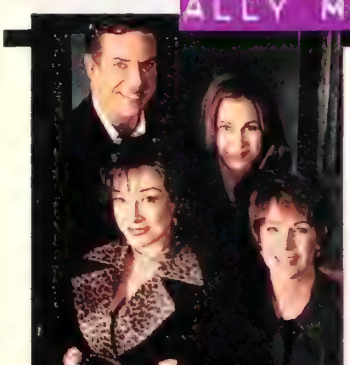
Every day. Every time.

*In clinical study comparing the appearance of treated and untreated minor abrasions when treated twice daily until healed. Do not use longer than one week unless directed by a physician

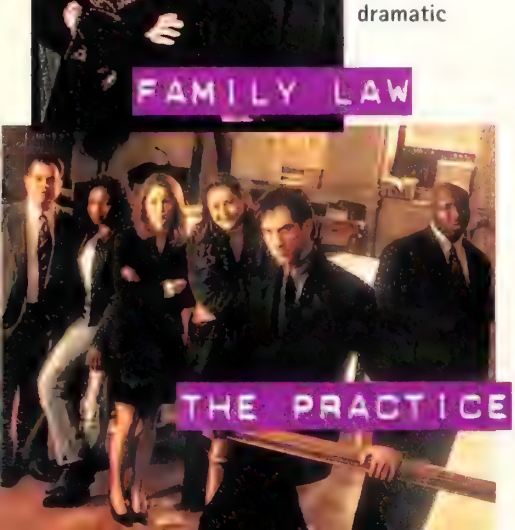
Like the lawyers on TV, the attorneys in this real-life firm take on tough cases for clients they believe in. Here, three of their greatest courtroom victories

By Stephanie B. Goldberg





Unlike these TV shows, real-life lawyers don't wrap up cases in an hour. But the results of their trials can be just as dramatic





The firm of Allred, Maroko & Goldberg

The PRACTICE

Anyone who thinks law is glamorous hasn't seen *The Practice*. The four-year-old Emmy-winning show, starring Dylan McDermott and Camryn Manheim, follows a firm of street-smart lawyers who take on Boston's legal establishment.

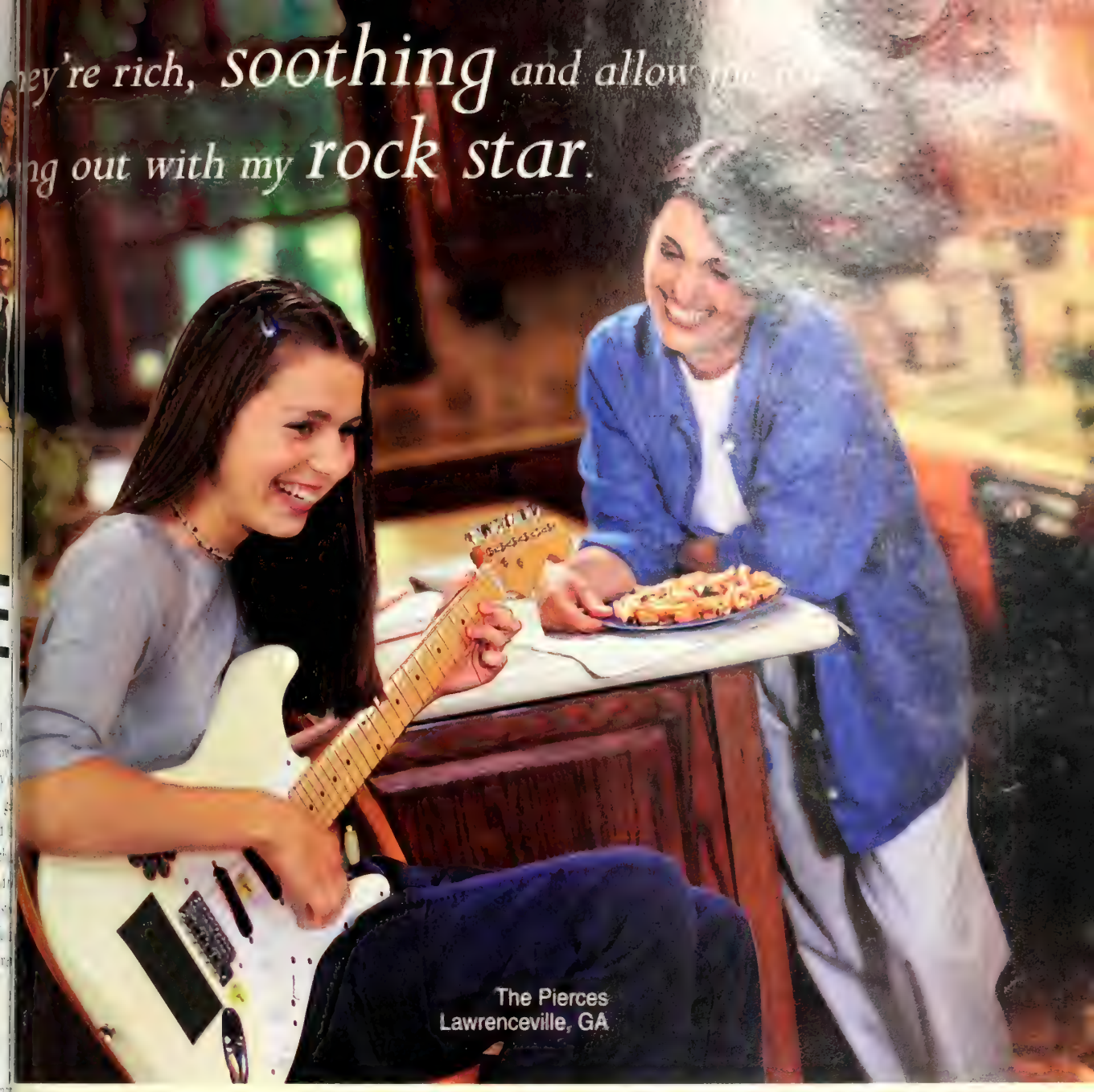
How close does this come to real life? To find out, take a peek inside the ten-lawyer firm of Allred, Maroko & Goldberg, founded in 1976 by Los Angeles lawyer Gloria Allred and two of her law-school classmates. Six of the lawyers are women; one of them, Lisa Bloom, is Allred's daughter.

The firm specializes in civil rights, employment discrimination and family law. But what makes it different from most other practices is that Allred and her partners only take cases they believe in. (Art will imitate life this August, when Allred and Bloom argue real-life cases on a new daytime courtroom show on the Fox network, called *Power of Attorney*.) Sometimes the cases the firm sees are so unusual that no one else will take them. "For many clients, this is a firm of last resort," says associate Ruth Graf-Urasaki.

Unlike prime-time court shov real cases don't wrap up neatly quickly; it can take years to g through the appeals process. And more maneuvering is involved th the courtroom theatrics we're used seeing on TV. But as these three st ries show, a victory can be benefic not only to the client, but to wom everywhere.

THE MOM WHO MOVED AWAY

Opening statement: In 1993, Wend Burgess divorced Paul, her husbar of five years, and won custody their two children. Shortly afterwar Wendy took a counseling job at corrections facility in Lancaster, Cal fornia, forty miles from their ol home in Tehachapi. The position o fered good advancement opportun ties, and the town had more to offe five-year-old Paul Jr. and three-yea old Jessica—parks, a zoo, privat schools. But relocating also mean that her ex-husband, who visited th children nearly every day, now had t add an hour's commute *(continued*



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to his daily schedule.

Paul went back to court, claiming that Wendy's move might estrange him from his son and daughter. After losing the first round, he filed an appeal, and in 1995, the state Court of Appeals ruled that Wendy would lose primary custody of the children unless she moved back to Tehachapi. The court said the move was merely a matter of convenience, not absolute necessity.

"I was completely traumatized," says Wendy, thirty-nine. "I had done everything I possibly could to give my children the life I'd promised them. I felt very violated." The day after the ruling, a lawyer friend urged her to contact Allred's office.

This case was especially troubling, Allred says, because so many divorced women have no choice but to go where the jobs are. "Parents shouldn't have to face the horrendous consequences of losing their children because they choose to make a move that they believe is in their child's best interest," she adds.

The best defense: Associates Ruth Graf-Urasaki and Rene Mochkatel convinced the California State Supreme Court to hear the appeal. (While the court is required to hear certain kinds of appeals, such as death-penalty cases, they have the option of turning down others.) Now the challenge was to convince the justices that Wendy should not lose custody because of the move.

The lawyers argued that courts should not assume that a custodial parent's move to a new town always merits a full custody hearing, nor should the parent have to prove the necessity of relocating. And the noncustodial parent should have the burden of proving that the move will significantly harm the child.

The prospect that Wendy might lose her children was very distressing to Graf-Urasaki, who was pregnant with her first baby at the time. She says, "Custody cases are always difficult, because you have a judge making decisions about with whom children should live based on what the lawyers and court psychologists tell him. It's all secondhand information."

Final arguments: Michael Maroko, the senior partner on the case, presented his arguments in the state supreme court in Sacramento. Wendy recalls jumping up angrily from her seat when she heard her ex-husband's lawyer cast doubt on her skills as a mother.

One of the justices seized on that remark, asking the attorney whether he really meant to imply that Wendy wasn't a good parent simply because she moved. The lawyer said yes. Wendy had a hunch that the judge was in her corner.

Sometimes the cases the firm handles are so unusual that no one else will take them. Says associate Ruth Graf-Urasaki, "For many clients, this is a firm of last resort."

The verdict: The opinion came down—by a faxed statement—on April 15, 1996. The court stated: "Ours is an increasingly mobile society. It is unrealistic to assume that divorced parents will permanently remain in the same location after dissolution, or to exert pressure on them to do so. . ." They had won. "There was screaming and crying and general elation," says Wendy. "I thought, It's finally over. Now I can get my life back and just be a parent."

THE CASE OF THE STOLEN EGGS

Opening statement: In 1987, Rene Ballou, then twenty-nine, underwe in vitro fertilization at the UCI-AM Center for Reproductive Health, i Garden Grove, California. She'd ha a son, Matt, nine years earlier, bu had been unable to conceive sinc then. Though the procedure failed the center assured her that she coul try again; four to six of the other egg harvested were viable enough t freeze for later fertilization.

Renee never did try in vitro again Her marriage ended amicably, an she went on with her life as a finan cial analyst. Then in October 1995, reporter for the *Orange County Regis ter* called: He was doing an investiga tion of the clinic, and he discovered that one of Renee's eggs had bee implanted—successfully—in anothe patient. Genetically, she was th mother of a seven-year-old son.

Renee, now forty-two, felt a though she had been hit by a truck Knowing that someone else had th second child she'd wanted for so long was devastating. "I put all my faith hope and trust in these doctors," she says. She knew she had to sue, and Allred, with her interest in women's rights, seemed the logical choice to represent her.

Recalling her first meeting with her client, Allred says, "I felt that there were significant biomedical ethical and legal issues raised by the scandal. Do doctors believe they have a right to play God?"

Full disclosure: Renee sued the infertility clinic, which was affiliated with the University of California at Irvine. Meanwhile, the scandal deepened. The eggs of a number of other women had been implanted in different patients, resulting in at least fifteen births. The university closed the facility, and two of the supervising doctors fled the country.

The verdict: Allred entered into settlement negotiations with the university. Her problem *(continued)*



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now was setting a reasonable dollar value. She knew Renee and her ex-husband could each recover no more than $250,000, which, under California law, is the maximum that can be awarded in medical malpractice cases.

When UC-Irvine offered the couple $460,000 to settle the case, Allred urged Renee to accept it, and they reached an agreement in February 1998. An apology from members of the University Board of Regents also gave Renee a measure of peace.

In the meantime, a DNA test confirmed that Renee is the biological mother of the child, who is now nearly twelve years old. She writes to his parents several times a year, and has heard the boy's voice on the phone. She hopes that she will be able to meet him one day. She has no intention of seeking parental rights, but the child who shares her genes has a special place in her heart.

THE FAMILY WHO KEPT QUIET

Opening statement: In 1988, Helen Johnston struck up a friendship with Robert Edwin Martin, a former high-school classmate. Helen, a telecommunications worker and single parent, was grateful to have a father figure for her eight-year-old son. Martin showered attention on Eric, taking him on outings and camping trips over the course of two years. Then Martin moved away, and Helen lost touch with him.

In 1992, Helen, then forty, found out that Martin had appeared on an HBO documentary about paroled convicts. Her former friend was a convicted pedophile. Although Eric had never shown any signs of having been abused, Helen, fearing the worst, took him to the police station right away. After questioning Eric, an officer told Helen that he had indeed been molested by Martin, many times. Under threats from Martin, Eric had been afraid to tell anyone.

Martin was arrested and sentenced to fifty-seven years in prison, but Helen was still outraged. She and her son had met Martin's family on many occasions; once, his mother had even invited Eric to her home. Yet on his relatives had ever told her ...ou criminal history, nor that the ...rm his parole specifically prohib...d from being around children ...Di they have a duty to tell her ...us might pose a danger to Eric?

On the urging of her co-...rk Helen called Allred. To her ...r the firm was enthusiastic abou...t her case. It would be an uph... however, because no court h... ruled on a civil suit of this ki... firm would be challenging cen...n American law that say ordinary ...e generally have no obligation to... strangers from harm. "We reali... could be a precedent-setting ca... Lisa Bloom. "This group of ... closed their eyes to the obvious... confronting this child. I fo... morally indecent and shocking."

The burden of proof: The ... came to trial in 1995. Bloom... Martin to admit, in the presenc... relatives, that he'd had sexual r... with Eric and other young boys.

It was a short-lived triumph ... the defense rested, the judge thr... most of Helen's case for failure ... a cause of action, saying that M... family had no legal responsibility ... anyone about his past.

However, the judge did per... jury to decide whether Martin's ... er was liable for "facilitating ... episode of abuse. On the day ... and Eric came to her home, s... the house, and Martin molest... again. This fell within the defini... premises liability—that one is re... ble for foreseeable accidents su... by guests in one's home.

The verdict: The jury sided ... Helen, awarding her $221,000... firm is appealing the case against ... tin's other relatives. But the real ... ry was the moral one. "This ca... always about principle," says B... "We have a duty to protect child...

Helen adds, "By pursuing thi... we sent Eric the message, 'You ... do anything wrong. You have n... to hide.' " ■

Stephanie B. Goldberg writes freq... about legal issues for Ladies' Home Jo...

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Taking on TRACEY

LHJ talks to Emmy Award-winning star Tracey Ullman about fashion, fast food and turning forty

Q: Is it hard to go from working for yourself [in *Tracey Takes On* on HBO] to working for Woody Allen? He's directed you twice, in *Bullets Over Broadway* in 1994, and now in your new movie, *Small Time Crooks*.

A: It's like a dream, a little girl from Hackbridge, England, who watched *Annie Hall*, and now I'm one of his leading ladies. I remember writing to him when I first came to America saying, "I've looked at your films and it gives me hope that there's something really funny going on [here]."

Q: What's your idea of a perfect date with your husband, television producer Allan McKeown?

A: We're always looking for real estate. We go to open houses, look around, use the bathroom and leave. That's the perfect date with my husband, going to seven open houses.

Q: You have a fourteen-year-old daughter, Mabel, and a nine-year-old son, Johnny. Is it different mothering a boy than mothering a girl?

A: Totally. I think boys mess with you physically and wear you out; girls mess with you emotionally.

Q: What do your kids do to make you laugh?

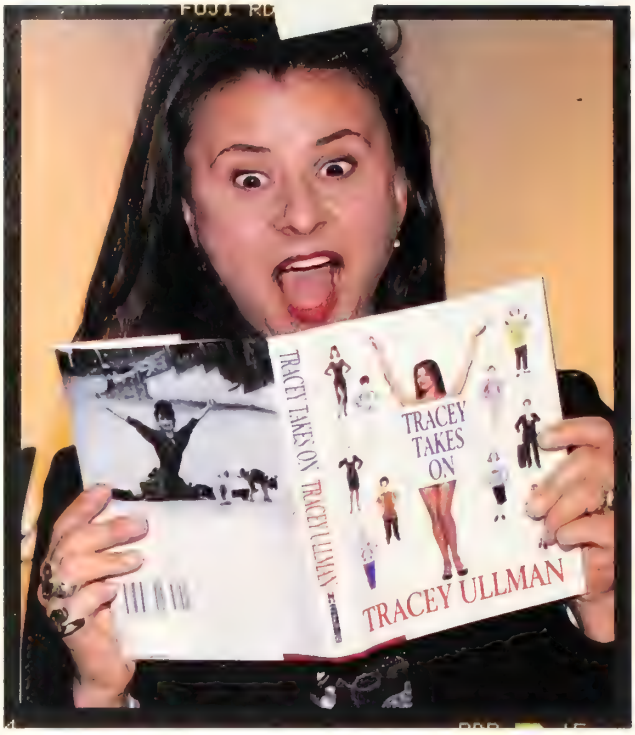
A: Mabel is sarcastic like an adult. Johnny does characters. [But] my husband is the really funny one. He can't sing, so on car trips we get Dad to belt out Barry Manilow numbers. I wet the car seat once it was so funny.

Q: What do you wish you were better at?

A: I wish I could meditate. I'd like life to be quieter. My husband has this TV with this satellite thing moving on the roof. He's changing the five hundred channels, Johnny is playing Nintendo and Mabel is in the next room watching MTV, plus she's online. The whole house is buzzing, and I wish we could just light a candle and sit around and talk.

Q: Do you turn everything off to have dinner together?

A: We don't eat at the same time. What do you think, I'm Betty Crocker? We do have a favorite restaurant we all go to once a week. I like food, but I can't cook it.



"People think I'm a wild crazy girl, but I need my organic food and my sleep"

Q: What's your favorite fast food?

A: I hate fast food. I just like vegetables. I love going to organic markets. I like to just get a bunch of watercress and shove it in my mouth.

Q: What do you like least about yourself?

A: That I need so much sleep. People think I'm a wild crazy girl, but I need my organic food, my sleep, my quiet.

Q: Do you have an idol?

A: I like Madeleine Albright. I want there to be more women in politics, and I'd love to see a woman president of this country.

Q: You've started a fashion Web site, Purple Skirt [*www.purpleskirt.com*]. What made you want to do that?

A: I didn't think there was an eclectic site for fashion, so my husband and I teamed up with a buyer in L.A., and it's going really well.

Q: What's the best present you've ever given your husband?

A: I got Jack Nicklaus to call him on his fiftieth birthday because he's a golf fanatic. Allan watched the Masters [tournament] and cried, and then he watched it on video and cried again.

Q: Was it strange turning forty and living in L.A., which is so youth-centered?

A: [joking] Whoops—I've got to go. I have a face-lift this afternoon. ■


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YOUR FEET: A User's Guide

Say good-bye to foot pain and get ready to bare your toes for summer

By Kristyn Kusek



How many times have you hobbled home from a long day, kicking off your shoes as soon as you walk in the door? If you're like most women, your feet ache all too often. According to the American Podiatric Medical Association (APMA), women experience four times as many foot problems as men. And many of the common conditions women have, like tendinitis, are caused by a lifetime of wearing ill-fitting shoes and high heels. These problems can be avoided if you know your foot facts. We asked the experts how to treat and prevent foot pain.

No matter what style shoe I wear, I always seem to get blisters on my feet. How can I prevent them? Blisters can develop when you wear new or poorly fitting shoes. They are also common when you exercise. "When feet are warm and moist, it increases friction and causes the skin to become irritated and inflamed," says Noreen Oswell, D.P.M., a podiatrist in Los Angeles and president of the California Podiatric Medical Association. To prevent blisters, make sure you're wearing shoes that fit properly, and always wear socks or stockings—look for types that wick moisture away. Avoid 100-percent cotton or wool socks, which trap moisture against your skin. Try to go barefoot for a few hours each day to let your feet breathe.

In warmer months, when you often forgo socks or stockings, sprinkle talcum powder on your feet to keep them dry. Spraying on antiperspirant daily can also help. When shopping for sandals, choose styles without too many straps, which tend to rub against the foot when you walk.

If you do get a blister don't pop it. Cover the area with a medicated blister pad (available in drug stores) until it heals, which will reduce pain and the risk of infection. Blood from a blister is a sign of infection; if the blister doesn't heal in a few days you should see a podiatrist.

I'm an avid walker and I've developed large calluses on my heels. What's causing this? Calluses are caused by friction between your feet and your shoes. They occur mostly in people who exercise *(continued)*

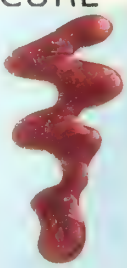
HOT NEW HUES FOR THE PRETTIEST PEDICURE



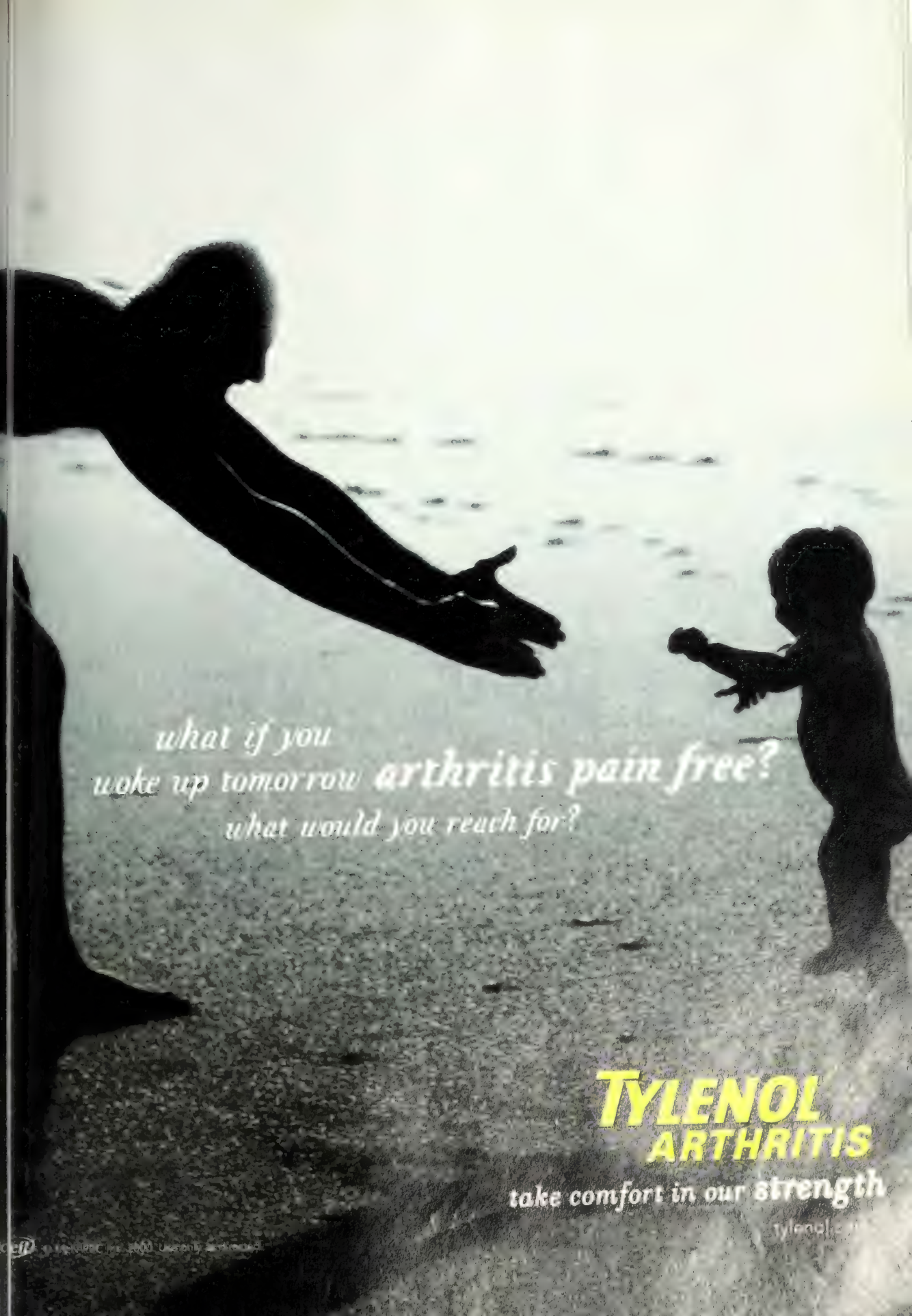
LIGHT FANTASTIC Get a French-manicured look for your feet with one coat of a sheer micro-shimmer polish. Try L'Oréal Jet-Set Quick Dry Nail Enamel in Peach Fuzz (left) or Sally Hansen Hard as Nails in Bali Bronze Frost



ORANGE CRUSH Gold-flecked apricot (try Estée Lauder High Gloss Lacquer for Nails in Frosted Apricot) and molten shades, such as Revlon Nail Enamel in Lava Blast (left), are topping off the trendiest toes



HEAVY METAL Ditch your dark cream polish for summer for a marbleized metallic hue, such as Essie Nail Polish in Glitzy Guilders or a fiery copper, such as Nicole Nail Enamel in Whatever (left)


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often or spend a lot of time standing. To prevent calluses, moisturize your feet daily. Before exercising, coat your feet with a lubricant like petroleum jelly to reduce friction during your workout.

To get rid of calluses, rub the area with a pumice stone when you're in the shower or tub and the skin is soft and wet. Calluses can lead to small cracks in the skin, warns Joseph M. Caporusso, D.P.M., a podiatrist in McAllen, Texas. These fissures can worsen and make the foot vulnerable to infection. If you develop heel cracks, see a podiatrist, who will treat the skin with hydrating ointments.

Many of my relatives have bunions. Will I get them too? A bunion is a bone enlargement at the base of the big toe that causes your first and second toes to rub against each other when you walk, resulting in painful pressure. "Bunions usually occur in people who have flat feet," says Arnold S. Ravick, D.P.M., a podiatrist in Washington, D.C., and a spokesperson for the American Podiatric Medicine Association. "Bunions are hereditary, since foot shapes run in families." Contrary to popular belief, ill-fitting shoes don't cause bunions. However, tight shoes can exacerbate bunions, so women need treatment more often than men do.

If a bunion causes mild pain, bunion pads (available in drugstores) may help to relieve pressure. You should also wear shoes with a wide, square toe box to avoid excess pressure on your toes. If a bunion becomes very painful, you may need to wear orthopedic inserts in your shoes. If that doesn't work, a podiatrist may recommend surgery to remove the enlarged bone.

I have corns on my toes. How can I get rid of them? Corns are caused by excess pressure or friction. Essentially, they're extreme blisters. You can prevent them by wearing shoes with a wide toe box and keeping your feet cool and dry.

If you frequently develop corns, keep them soft by rubbing a lubricant or heavy lotion on them each night. You can also try over-the-counter corn pads, which disperse pressure away from the toe area. But experts say you should avoid medicated corn pads, which often have strong chemicals that can burn and irritate the skin.

I gave myself a pedicure and now I have an ingrown toenail. What's the best way to treat it? Ingrown toenails occur when the nail is improperly cut or you wear tight shoes that cause your toes to rub together. Typically, the corner of the nail punctures the skin, causing an infection. To prevent this, wear shoes with a wide toe box and cut toenails straight across. Never cut the corners of your toenails.

You can relieve some of the pain of an ingrown nail by putting a small piece of cotton along the edge of the nail to keep it pushed away from the skin. If redness or pain persists for more than a day or you notice pus around the infection, see a podiatrist, who can clip the ingrown nail away from the skin.

I don't go to a gym, but I think I have athlete's foot. What should I do? Fungal infections like athlete's foot are very common. They cause the skin to crack, flake and peel, mostly between and around the toes. You also might notice red bumps or tiny blisters. These infections occur when your feet come in contact with a fungus and moisture allows it to proliferate on your feet.

People frequently catch fungal infections in gym showers, locker rooms, even hotel rooms, so you should always wear thongs in these high-exposure areas. Additionally, change your socks and stockings as often as possible, especially after exercising.

If you get an infection like athlete's foot, try treating it with an over-the-counter antifungal cream, which can be applied between the toes better than foot sprays. If the treatment isn't working after two weeks, see a podiatrist to get a stronger prescription ointment. To prevent a recurring infection, sprinkle antifungal *(continued)*

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CAUTION
U.S. Federal law restricts this drug to use by or on the order of a licensed v

INDICATIONS
Revolution kills adult fleas and prevents flea eggs from hatching for one mont
indicated for the prevention and control of flea infestations (*Ctenocephalides*
prevention of heartworm disease caused by *Dirofilaria immitis*, and the trea
control of ear mite (*Otodectes cynotis*) infestations in dogs and cats. Revolu
indicated for the treatment and control of sarcoptic mange (*Sarcoptes scabi*
the control of tick *(Dermacentor variabilis)* infestations in dogs and the trea
intestinal hookworm (*Ancylostoma tubaeforme*) and roundworm (*Toxocara c*
in cats. Revolution is recommended for use in dogs and cats six weeks of a

WARNINGS
Not for human use. Keep out of the reach of children
May be irritating to skin and eyes. Wash hands after use and wash off any p
contact with the skin immediately with soap and water. If contact with eyes
flush eyes copiously with water. In case of ingestion by a human, contact a
immediately. The material safety data sheet (MSDS) provides more detailed
safety information. For a copy of the MSDS or to report adverse reactions at
exposure to this product, call 1-800-366-5288

Flammable—Keep away from heat, sparks, open flames or other sources of

PRECAUTIONS
Use with caution in sick, debilitated or underweight animals (see SAFETY
Prior to administration of Revolution, dogs should be tested for existing heart
infections. At the discretion of the veterinarian, infected dogs should be trea
remove adult heartworms. Revolution is not effective against adult *D. immit*
the number of circulating microfilariae may decrease following treatment, R
not effective for microfilariae clearance.

Hypersensitivity reactions have not been observed in dogs with patent heart
infections administered three times the recommended dose of Revolution. H
were not tested.

ADVERSE REACTIONS:
Following treatment with Revolution, transient localized alopecia with or with
inflammation at or near the site of application was observed in approximatel
691 treated cats. Other signs observed rarely (≤0.5% of 1743 treated cats a
included vomiting, loose stool or diarrhea with or without blood, anorexia, let
salivation, tachypnea, and muscle tremors.

DOSAGE
The recommended minimum dose is 2.7 mg selamectin per pound (6 mg/kg
body weight.

Administer the entire contents of a single dose tube of Revolution topically in
with label directions. (See ADMINISTRATION for the recommended treatmen

For cats over 15 lbs use the appropriate combination of tubes.

For dogs over 85 lbs use the appropriate combination of tubes.
Recommended for use in animals 6 weeks of age and older.

ADMINISTRATION:
Firmly depress the cap to puncture the seal on the Revolution tube, then rem
to administer the product.

Part the hair on the back of the animal at the base of the neck in front of the
blades until the skin is visible. Place the tip of the tube on the skin and squee
to empty its entire contents directly onto the skin in one spot. Do not massa
product into the skin. Due to alcohol content, do not apply to broken skin. Av
between the product and fingers. Do not apply when the hair coat is wet. Bat
shampooing the animal 2 or more hours after treatment will not reduce the e
of Revolution. Stiff hair, clumping of hair, hair discoloration, or a slight powd
may be observed at the treatment site in some animals. These effects are tem
do not affect the safety or effectiveness of the product. Discard empty tubes
ordinary household refuse.

Flea Control in Dogs and Cats
For the prevention and control of flea infestations, Revolution should be adm
monthly intervals throughout the flea season, starting one month before fleas
active. In controlled laboratory studies >98% of fleas were killed within 36 ho
of clinical field studies using Revolution monthly demonstrated >90% contro
infestations within 30 days of the first dose. Dogs and cats treated with Revo
including those with pre-existing flea allergy dermatitis, showed improvemen
signs associated with fleas as a direct result of eliminating the fleas from the
their environment.

If the dog or cat is already infested with fleas when the first dose of Revolutio
administered, adult fleas on the animal are killed and no viable fleas hatch fro
after the first administration. However, an environmental infestation of fleas m
for a short time after beginning treatment with Revolution because of the em
adult fleas from pupae.

Heartworm Prevention in Dogs and Cats
For the prevention of heartworm disease, Revolution must be administered o
basis. Revolution may be administered year-round or at least within one mon
the animal's first exposure to mosquitoes and monthly thereafter until the en
mosquito season. The final dose must be given within one month after the la
to mosquitoes. If a dose is missed and a monthly interval between dosing is
then immediate administration of Revolution and resumption of monthly dos
imize the opportunity for the development of adult heartworms. When replac
heartworm preventive product in a heartworm disease prevention program, t
of Revolution must be given within a month of the last dose of the former m

At the discretion of the veterinarian, cats ≥6 months of age may be tested fo
the presence of existing heartworm infections before beginning treatment wit
Revolution. Cats already infected with adult heartworms can safely be given
monthly to prevent further infections.

Ear Mite Treatment in Dogs and Cats
For the treatment of ear mite (*O. cynotis*) infestations in dogs and cats, Revo
should be administered once as a single topical dose. A second monthly dos
required in some dogs. Monthly use of Revolution will control any subsequen
infestations. In the clinical field trials ears were not cleaned, and many anima
debris in their ears after the second dose. Cleansing of the infested ears is re
to remove the debris.

Sarcoptic Mange Treatment in Dogs
For the treatment of sarcoptic mange (*S. scabiei*) in dogs, Revolution should
administered once as a single topical dose. A second monthly dose may be re
some dogs. Monthly use of Revolution will control any subsequent sarcoptic
infestations. Because of the difficulty in finding sarcoptic mange mites on ski
effectiveness assessments also were based on resolution of clinical signs. Re
the pruritus associated with the mite infestations was observed in approxima
the dogs 30 days after the first treatment and in approximately 90% of the do
after the second monthly treatment.

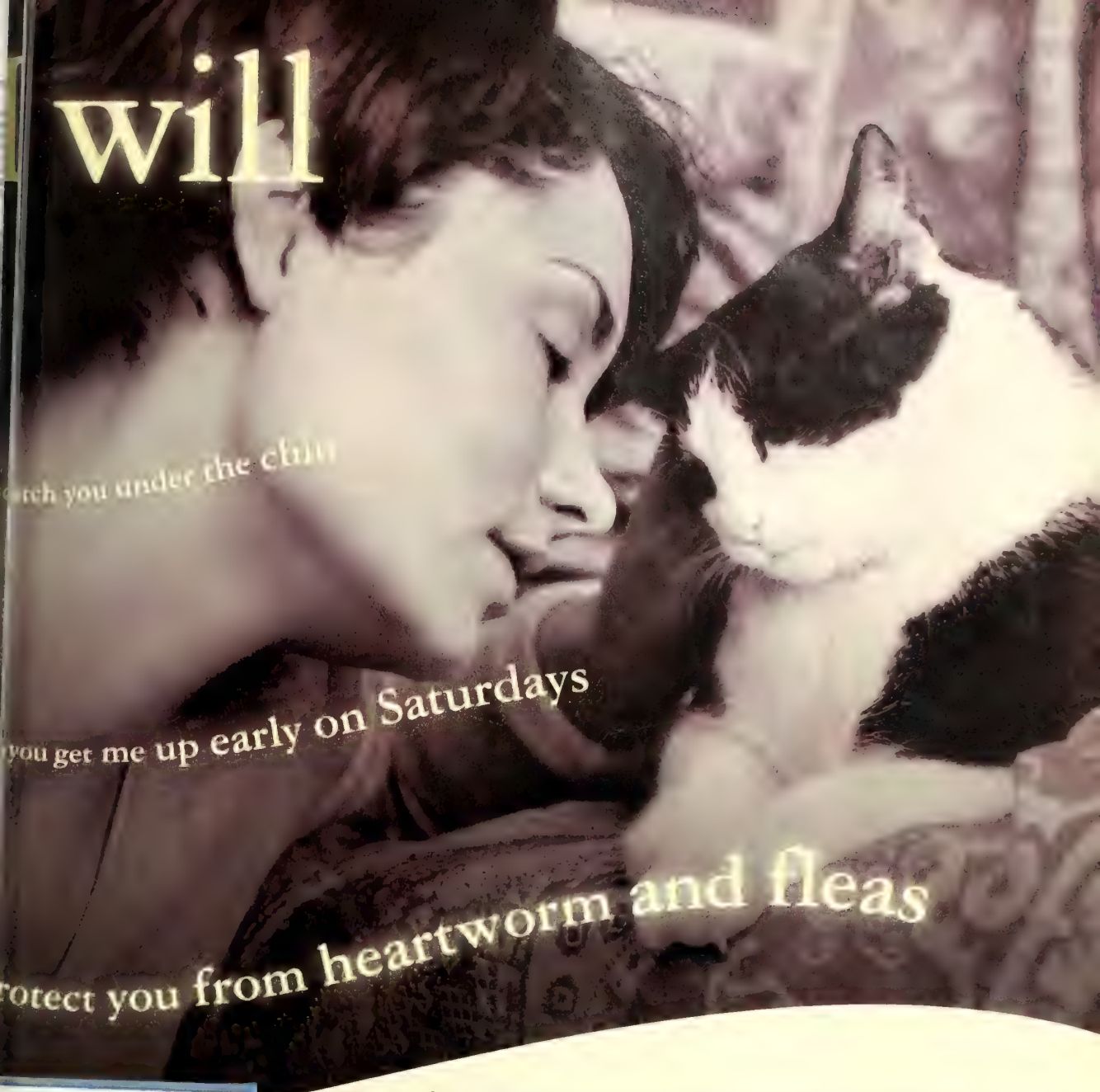
Tick Control in Dogs
For the control of tick *(Dermacentor variabilis)* infestations in dogs, Revolutio
administered on a monthly basis. In heavy tick infestations, complete efficacy
achieved after the first dose. In these cases, one additional dose may be adm
two weeks after the previous dose, with monthly dosing continued thereafter.

Nematode Treatment in Cats
For the treatment of intestinal hookworm (*A. tubaeforme*) and roundworm (*T*
infections, Revolution should be applied once as a single topical dose.

NADA 141-152, Approved by FDA

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foot odor, it refreshes and conditio
tired feet, bringing them back to li

YOUR FEET: A USER'S GUIDE

Continued

powder in your shoes to kill any lingering bacteria.

I want a supportive but stylish shoe. What should I shop for? When shopping for shoes, pay most attention to the heel and toe box. A shoe with a low heel—one-and-a-half or two inches (about the length of your thumb)—is best because flat shoes provide no arch support. A chunky heel will give the most support to your heels and ankles.

Shoes with round or square toe boxes will give your toes the most room, and can help prevent blisters and corns. Also, look for shoes with laces or buckles, which are more supportive than slip-on types. If you stand a lot, buy a shoe with a shock-absorbing rubber sole, or have your local shoe repair shop add rubber soles to your favorite pair.

Avoid wearing open-back shoes, such as mules and thongs, on a regular basis. They provide little heel support and let your heel move (even hang over the back of the shoe) while you walk, which may cause calluses. Worn for long periods of time, they can reduce the amount of fat in the heel pad, which can lead to pain and tendinitis.

The first time I wear a new pair of shoes, they're killing me by the end of the day. What's going on? The most common mistake people make when buying shoes is always sticking to the same size. As with clothing, fit can vary depending on the manufacturer, so try on several sizes. Shoes don't need to be broken in; they should feel just as good the first time you wear them as the hundredth time you put them on. To ensure you're buying the right size, shoe shop at the end of the day when your feet are swollen.

Most people have one foot that's larger than the other, so have both measured by a salesperson, and shop for the larger-sized foot. You'll know you've found a good fit if you have about a half inch of space betw your toes and the top of the shoe if you can fit a finger snugly betw the back of the shoe and your heel

I'm five-foot-two, and I love wea high heels. Are they really that ba my feet? If you vary the size and s of the heels you wear, they shou cause foot problems. Irritation oc when women wear the same typ high heel for a long period of t which shortens the Achilles tendo the back of the ankle and may eve ally require surgery. If you have back pain, ankle strain or callus corns on your toes, you're prob wearing a heel that's too high.

When shopping for heels, look shoes made of natural materials leather or suede, which stretch m than synthetics, and will form to feet. If you can't resist stilettos, them for special occasions. ■

Kristyn Kusek has written for The York Times, Child and Glamour.

OES THE SHOE FIT?

hen shoes are as fun and stylish as this mmer's crop, it's hard to always heed the perts' advice. But does that mean all mmer styles will be bad for your feet? pen shoes give your toes some wiggle om, which can be important for bunion fferers, and letting your feet breathe can lp stop athlete's foot. We asked four dies' *Home Journal* staffers to put some oes to the test.

HANA, size 9: "I have wide feet, so shoes ten pinch my toes, and I have a corn."

What she tried: *Red patent square-toe mp with chunky three-inch stacked heel:* love the way these look, and so did eryone who saw them. They are higher an what I'd normally wear, but the heel lt stable. Despite the square toe box, wever, this pump was too narrow, and I sted only about an hour on my feet."

ATHLEEN, size 8: "My family has a story of bunions."

What she tried: *Strappy open sandal with ree-inch stacked heel and 1/4-inch atform sole:* "I expected these to be hard to walk in because of the heel, but I pretty comfortable. The heel enough to slow me down! The bit, but as long as I didn't wear than two days in a row, they didn't cause a blister. Plus, I can wear them with anything."

WENDY, size 10: "My feet always look huge, and the balls of my feet never feel like they get enough cushion."

What she tried: *Black thong sling-back sandal with wooden wedge sole:* "I loved the way these made my feet look smaller—someone even guessed I was a size eight. Although the sole was hard, it was contoured to my foot and felt comfortable. But the thong between my toes hurt; by the end of the day, the area was red and sore."

DORENE, size 6: "Because I'm short, I like to wear high heels, and as a result I have calluses and corns."

What she tried: *Stenciled calf platform slide with contoured foot pad:* "I never would have picked these, but they were so comfortable that now I love them. The soles had plenty of cushion, but the cut heel did take a little getting used to. I wouldn't recommend them to someone with weak ankles." —Wendy Naugle











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Getting SMART About Money



In this column, Contributing Editor MELINDA MARSHALL chronicles family life as it really is



I'm off to a bit of a late start, but I've decided to hitch my fortune to Wall Street's. Now there's just one small matter left to attend to: figuring this whole investing thing out

By Melinda Marshall

Up until about a month ago, I had no money invested in the market. No stocks, no bonds, no CDs, no 401(k)s—nothing but an IRA invested in a mutual fund, which, if I'm lucky, will one day have enough in it to cover my funeral expenses.

My baby-sitter, on the other hand, who's all of sixteen, is not only invested in the stock market: She's already made a killing. Sometime back in the ninth grade she had the foresight to buy into Tommy Hilfiger and Abercrombie & Fitch, just before every teen in America paid to be a billboard for their goods. She also owns Yahoo!, Amazon.com and AOL—although, she says, "I'll probably wait till I'm, like, out of college before I cash them in."

Galling, isn't it? That was my response, after concluding I was paying her way too much. But then my irritation turned to envy. Here was a kid not yet able to vote, not yet done with zits, already well on her way to a secure financial future! And here I was, wife, mother, seasoned wage-earner, with no financial nest egg of my own, let alone the kind that would pay for years of tennis and golf in a gated Florida community.

My envy bloomed into a full-blown anxiety attack. I saw, suddenly, how recklessly my youth had been misspent. Instead of putting my pocket money into a few well-chosen companies and then reinvesting the dividends into more shares, I had turned my back on the investment world, including the stock market during—need I remind anybody?—the greatest bull market in history.

I'll say this about my crisis: Fear is one of my great motivators (guilt being the other). After that innocent conversation with my sitter, I resolved to stop making excuses and learn everything I could about a subject I'd so perilously ignored. I resolved to become an investor while the millennium was still new.

GAINING INTEREST

There were, as I saw it, three things standing between me and enough money to see me through my dotage. I needed knowledge, capital and time to make that capital appreciate.

It took me several months to get over the first hurdle. Just glancing at *The Wall Street Journal*'s Money & Investing section was enough to put me in a coma. Taking in terms like price-to-earnings ratio and annualized yield was like being hooked up to a morphine drip. I had to struggle to remain conscious.

Yet a lucky thing happened in the course of my reading. I came across an article about two women who were writing a book about teaching their daughter and granddaughter, respectively, to invest. You didn't have to be smart about investing to get your kids to be, they said. In fact—and here's where the lightbulb went off for me—"a child who sees his parent learning with him *(continued)*


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will take in even greater interest in his education."

This was just the sort of inspiring focus I needed. That afternoon, while my eight- and nine-year-old were wolfing down some candy, I had them unball the paper wrappings. "Did you know," I asked, pointing to the fine print, "that you can be a part owner of the Hershey Foods Corporation?"

The kids stopped chewing. "Yeah?" they mumbled, mouths full. "Really?"

It was at most a flicker of interest, but I fed it tinder at every opportunity. For months my son had been lecturing me on how superior our secondhand Mercury Sable was to our forever-in-the-shop Land Rover. "Maybe you ought to invest in Ford," I said. At the ice-skating rink, when my daughter begged for a Mountain Dew, I pointed out that it was a Pepsi product, which is owned by PepsiCo. "It's what's called a parent company," I explained.

And it worked just as those women had said: In piquing their interest, I nurtured my own. In explaining the difference between earnings and returns, or dividends and share value, I cemented my own grasp of these concepts.

ENTER THE BROKER

As luck would have it, I cleared my second hurdle—money—without the least bit of effort: I inherited some when a bachelor uncle died.

My husband suggested I call the broker at PaineWebber who handled our kids' college investments to help me manage my windfall. "Don't worry," he said, "Jackie will hold your hand. You don't have to tell her what to buy. That's her job."

Nonetheless, I felt like I was facing an exam in a course I'd failed to attend. I could sound like a know-it-all with my kids, but with anyone older than a fifth-grader I feared I was going to sound like a moron.

So, just as I did in college, I crammed. I cribbed. I clipped every *SmartMoney* column that seemed pertinent. I watched *Wall Street Week with Louis Rukeyser.* I even endured a fund-raiser on a Saturday night in order to get Jonathan D. Pond's *Money Matters: 21 Tips for Achieving Financial Security in the 21st Century.*

As a result, I sounded only mildly paired when Jackie called me to di "my portfolio." The first questic what were my core objectives?—I "I'm interested primarily in capital preciation, not income," I said, w ing to the image of myself as Wa Buffett. "I might want some tax pro tion, and I might want to put 10 per or so in bonds, but I'm really loo for growth in equities."

But my confidence evaporated the time we reviewed some of my vestment ideas (those I'd ripped that is). Jackie didn't like any of th Index funds? "They're not goin do anywhere near as well as se stocks. I'd look at our tactical all tion fund." International funds? " ter to go for global, in case the manager needs to bail out into markets." Instead, she suggest divide the money between a s



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lection of stocks, a few zero-
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know a lot. I had to call this
nan back not once, not twice,
three times just to learn how to
out the account application. Tell
which is more embarrassing:
g clueless at the outset, in which
you can demonstrate what a
k study you are, or appearing
ave suffered a stroke after every
ne call?

)WTH . . . AND INCOME

the last hurdle—time—that I have
o clear.
ime is what I do not have on my
so I have to play serious catch-
It helps that my husband has
doggedly investing for both of
out we've had some lean years,
t with each of us starting up a
business while trying to get
college taken care of for our three kids. There are times when I feel the anxiety come on like a storm, times when I feel it's too late, why even bother? But then I get hold of myself: I'm hardly the first, nor will I be the last, to wake up at forty and realize I've nearly missed the boat.

I had to call Paine Webber three times just to learn how to fill out the account application

Every generation, I've noticed, has its coma from which it wakes with a zeal to catch up. For women in the

ment, woke up at thirty-nine to realize they'd forgotten to have children.

Now [illegible] who've managed to cram both a career and a couple of children into our thirties: We've been asleep, too—with regard to money management. Some of us just haven't saved. Some of us assumed our husbands were doing it for us. And still others haven't invested because we're too darn busy to get up the learning curve this late in our lives. I know, because all three descriptions applied to me.

But enough rationalizing. I, for one, can't afford to waste one more moment bemoaning missed opportunities. I need every day to get that interest and those dividends compounding! Now, excuse me while I tune in to the financial news on TV. Gotta check the ticker and see how I'm doing. . . . ■



By Jeannie Ralston



THE RULES FOR HANDLING A Pokémon Fanatic

He has more interest in Mewtwo than math. She has nothing to talk about except Pikachu. And you have one big headache. Besides setting time or spending limits, here's how to rein in your passionate Pokémon player.

1 *What gives here?* To pry a child loose from this obsession, try to understand his attraction. There are many elements that make Pokémon so appealing to kids, such as the competitiveness or the social interaction of trading. With clues to why your child is so taken with it, you can help him experience those same feelings in a less consuming manner.

2 *The old smoke-and-mirrors trick.* Look for ways to divert their attention. Sports are a good choice, especially skateboarding and snowboarding. Pokémon may seem boring in comparison.

3 *If you can't beat 'em, join 'em.* Get involved in Pokémon with your child so that you can keep better tabs on how hooked she's getting. Suggest going to the flea market together to look for a card—and show how to have a hobby without letting it rule your life.

4 *The waiting game.* Soon enough one of two things will happen—your child will outgrow the obsession, or the fad will wane. So don't panic and just remind yourself: This too shall pass.

GO FIGURE:

WEIGHING IN ON OBESITY

Number of kids aged 6 to 17 who are very overweight: 5.3 million

Amount of change since the 1960s: more than double

Percentage of kids aged 6 to 19 who eat too much total fat: 67

Percentage of teen girls who eat the recommended five daily servings of fruits and veggies: 27

Percentage of teenage boys: 44

Portion of vegetable servings eaten by young people that are fried potatoes: one third

Percentage of average child's caloric intake made up of soft drinks: 8

Percentage of female high-school students who report vomiting, taking laxatives or diet pills to lose or maintain weight: 13

Portion of people aged 12 to 21 who do not regularly engage in vigorous physical activity: one hal



WASHED UP AT FOUR? NO MORE

As if raising a toddler isn't hard enough, the pressure on parents has recently been ratcheted up by reports that the most crucial brain development occurs between birth and age three, and that a child's earliest experiences determine how intelligent he will be. This has led to a slew of panicked activities—Mozart *in utero*, toddler flashcards—and has caused much fretting. In his new book, *The Myth of the First Three Years*, John Bruer, Ph.D. argues that this notion is the result of "overgeneralization" of brain research. He explains:

Q. What's wrong with the zero-to-three idea?

A. The understanding in the public is if you don't get it in by age three, it's too late. What happens in the first three years is important, but children learn from experiences throughout their lives.

Q. What do parents need to do then?

A. Don't panic with all the talk of critical periods and lost opportunities. The stimuli the brain expects until age three are the kind that just come alon with being a human. There's no need t provide extra stimulation.

Q. You say the myth is damaging. Why

A. Parents of adopted children who ar uncertain about their early experience have become needlessly worried. Also, instead of stressing these early years, we should really be looking at what kind of educational opportunities we should provide throughout childhood.



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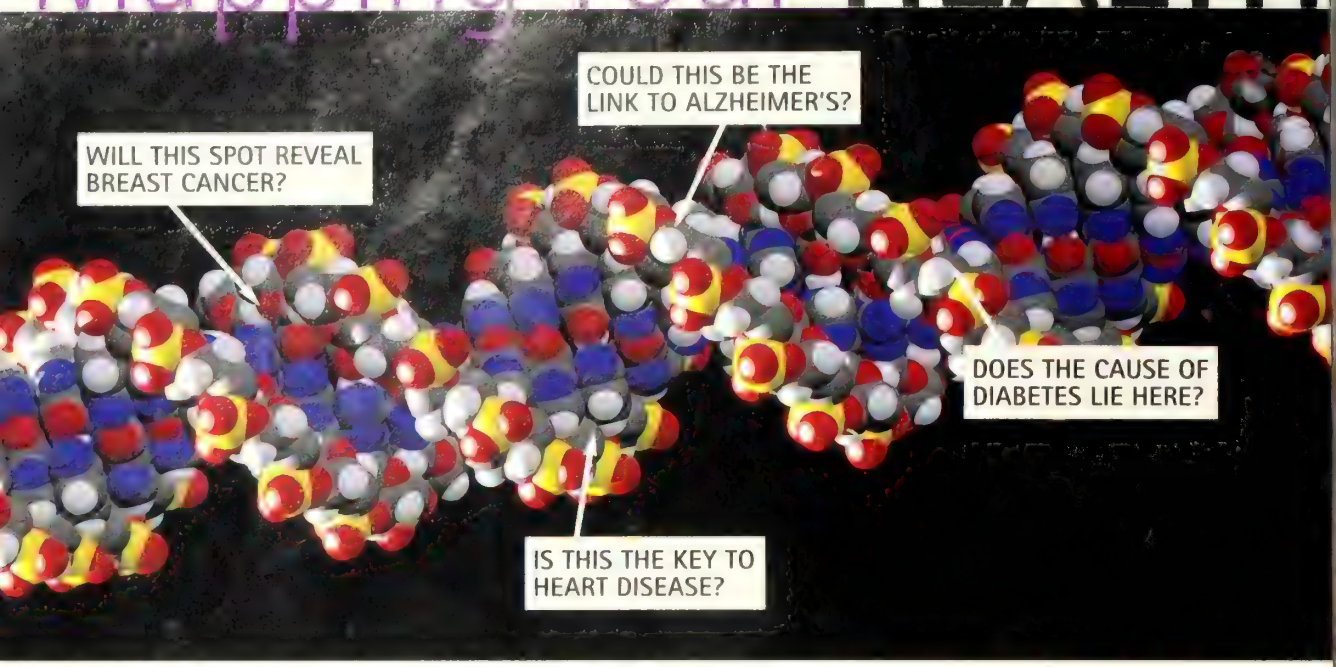
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Mapping Your HEALTH



Scientists are unlocking the code of human DNA. Will they be able to cure deadly diseases? Ensure us all longer lives? Here's what this medical breakthrough means for your health **By Judith Mandelbaum-Schmid**

This spring, researchers at the Human Genome Project at the National Institutes of Health (NIH) finished their first draft of a complete map of human genes. Dubbed "The Book of Life," scientists will use it to learn more about how illnesses like heart disease and cancer start. They also will be able to explain why some of us stay healthier and live longer than others. It marks the beginning of the era of the gene.

"The changes ahead are beyond our comprehension," says R. Rodney Howell, M.D., president of the American College of Medical Genetics, in Bethesda, Maryland. In the next twenty years, terms like *genetic misspelling*, *genome* and *nucleotide sequence*—which mystify most people now—will be standard jargon. Hard to believe. But then who'd ever heard of a CD-ROM or an MRI until just ten years ago?

Every map requires a legend. Here is a guide to new DNA research.

WHAT IS A GENE?

Genes are made of a single ingredient: deoxyribonucleic acid, or DNA. It is organized into twenty-three pairs of chromosomes, each of which contains a set of blueprints for manufacturing proteins that regulate all aspects of life and health, from hair color to cancer susceptibility. A gene is a single blueprint.

The code for making proteins is spelled out by four compounds known as nucleotides, which connect in different sequences along the genetic chain. The human genome (a complete genetic map) contains three billion nucleotides.

HOW DIFFERENT ARE ONE PERSON'S GENES FROM ANOTHER'S?

Your genes are remarkably similar to those of every other human being on earth. "About 99.9 percent identical," says Francis Collins, *(continued)*

GENE THERAPY: ONE SUCCESS STORY

Only in a handful of cases has gene therapy helped; for those patients, it feels like a miracle. David Johnson*, thirty-eight, is one of them. He has hemophilia, and has needed transfusions and other treatments since the age of five.

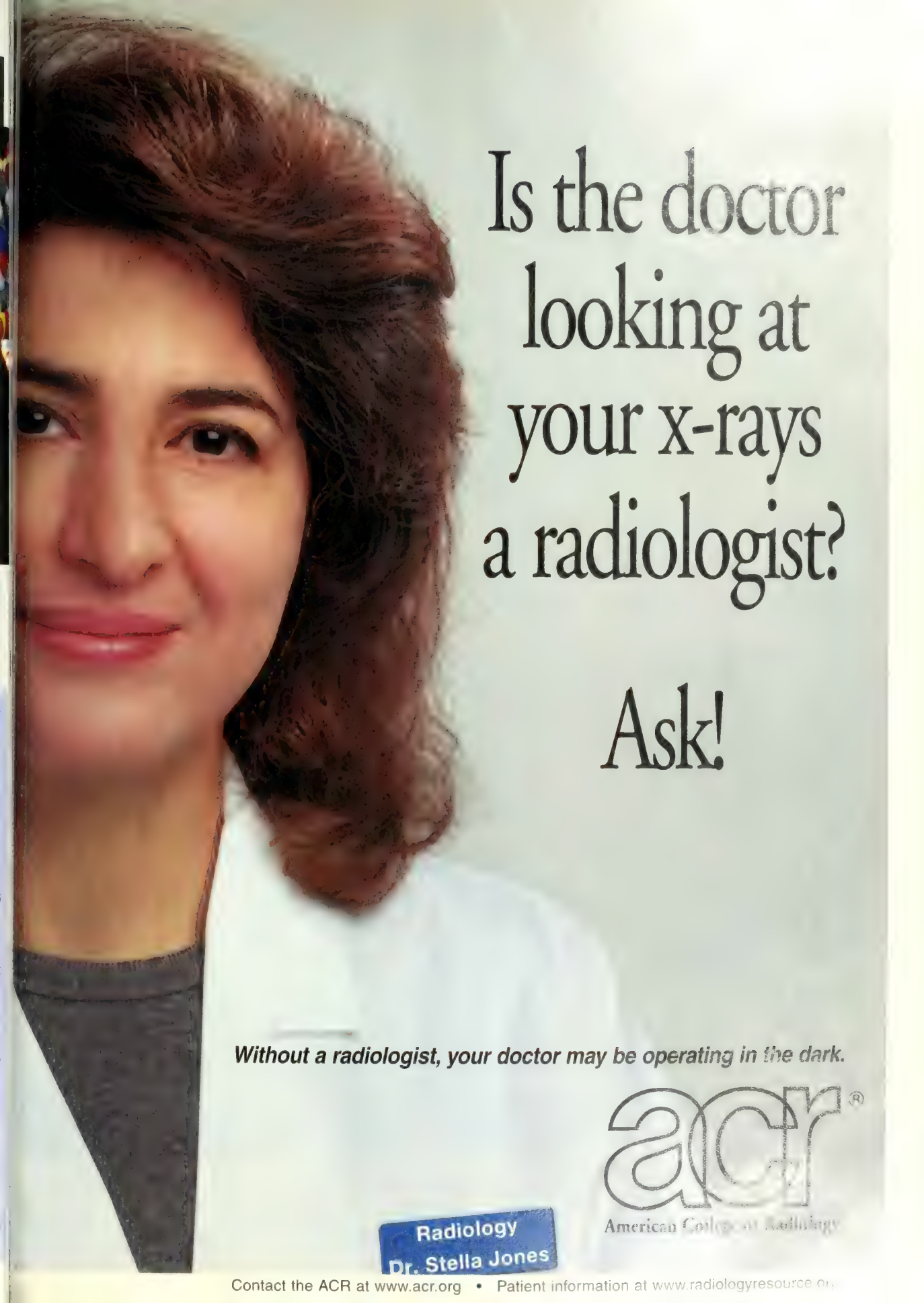
Johnson gives himself injections to prevent bleeding, which are especially important because of old knee injuries that complicate his condition.

Three years ago, his doctor said something that piqued his interest. "She told me a new genetic treatment for hemophilia was on the horizon. Whenever I went to see her, she gave me a progress report," he says.

Researchers had developed a gene capable of pumping out Factor IX—the blood-clotting chemical that hemophiliacs lack.

Last June, Johnson was approached by the research team to try the therapy. Because the treatment was experimental and the outcome wasn't known, he and his wife, Anna, thirty-six, were nervous at first. But Johnson decided he should go ***(continued)***

**Name has been changed*


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M.D., Ph.D., director of the National Human Genome Research Institute at NIH, in Bethesda, Maryland. "The 0.1 percent difference explains every aspect of human genetic variety."

Variations among genes are known as misspellings. Some are disease-causing mutations, others are harmless or even beneficial and may determine such things as eye color and longevity.

WILL GENETIC TESTING HELP PEOPLE TO LIVE LONGER?

In the future, scientists may develop tests for common illnesses, including cardiovascular disease and diabetes, and doctors will collect DNA samples by scraping a few cells from the inside of a patient's cheek.

Advocates say that within two decades, doctors will routinely perform these tests on every patient and be able to offer personalized medicine. "Based on genetic risks they identify, doctors will prescribe changes in lifestyle or diet and medications, or even gene therapy," predicts Collins.

Some researchers are not so confident about this scenario, however. "It's a pie-in-the-sky vision," says Neil Holtzman, M.D., M.P.H., director of Genetics and Public Policy Studies at the Johns Hopkins Medical Institutions, in Baltimore. "It may be very difficult to develop tests that can predict with any certainty that an individual will get a condition like heart disease or cancer. A few [genetic misspellings] do create a strong vulnerability for common illnesses, but most diseases develop through a complex mix of genetic susceptibility, environment and lifestyle."

Some experts also worry that the tests will appear long before any effective treatments or prevention techniques. "It sounds like a very useful thing to know you are at special risk for a disease," says Wylie Burke, M.D., Ph.D., an associate professor in the division of medical genetics at the University of Washington in Seattle. "But what is the point of having that information if there is no treatment to reduce your risk?" For example, if a genetic test for Alzheimer's disease became available next week, would you want it?

HOW DOES GENE THERAPY WORK?

Gene therapy involves three kinds of treatments: providing normal genes to replace a misspelled gene; repairing a misspelled gene; or adding a gene that produces a missing chemical.

The potential for dangerous side effects hit home last September when Jesse Gelsinger, an eighteen-year-old with a rare liver disease, died from gene-therapy complications in a clinical trial at the University of Pennsylvania, in Philadelphia. After a public outcry, the U.S. Senate held hearings in February and found that studies should continue, but more oversight by the government is needed.

"All radical new therapies involve some risk," says Collins. "And it takes time to make them work well."

People who are hoping gene therapy will offer a cure want results now, says Burke. "Scientists have been excited about gene therapy that



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ntinued) ahead with the treatment.

Johnson received a one-time
:atment of eleven injections into his
igh. Most people would tremble at that
ny shots, but to Johnson the
ocedure seemed painless. Researchers
in't expect a cure or even a noticeable
lange in his health. The only purpose of
e experiment was to see if Johnson's
dy would accept the implanted gene,
d if his blood levels of Factor IX would
:rease. The treatment did that, and
ore. "I used to inject 8,000 units of
ctor IX every 10 days. In January, I cut
e dose down to 4,000 units and I am
le to go three weeks between
:atments," he says. "I feel better
ysically, and I believe I am helping to
ve the way for better treatments for
ner people disabled by this disease."

STING FOR COLON

rothy Pell*, a married forty-seven-
ar-old, saw a genetic counselor
cause her mother, two uncles and an
ler sister all had died of colon cancer.
e counselor suggested that Pell, her
ee sisters and two brothers have a test
hereditary nonpolyposis colorectal
ncer syndrome (HNPCC). Those who

ame has been changed

carry it have an 80 percent chance of getting colon cancer in their lifetimes.

She and two younger sisters, Beth, thirty-seven, and Meghan, forty-four, opted to have the test done immediately. "Before the test, we figured we knew who would have inherited Mom's genes—the sister who looked most like her," Pell says. "It wasn't supposed to be me."

Beth and Meghan tested negative, but Pell's test was positive. The result was a shock, but Pell says it was also something of a relief. "With my family history, I always had concerns. Now it was clear that I needed to take action."

After her test, Pell had a colonoscopy, which revealed a number of large precancerous growths. (A colonoscopy two years earlier had shown her colon was healthy.) She decided to have most of her large intestine removed—not an unusual choice for carriers of HNPCC. Surgeons were able to reconnect Pell's intestines, which means she doesn't need a colostomy bag. She is grateful she had both the test and the surgery. "Once you have watched a family member die of colon cancer, surgery seems a small price to avoid getting that terrible disease," she says.

Karen Nelson*, forty-seven, a single mother of a five-year-old adopted

daug
beca
gra
had
disease and recently died from ovarian cancer

Nelson tested positive for the BRCA2 misspelling in the fall of 1999. BRCA escalates the risk of breast and ovarian cancer, and since there is no proven treatment, carriers of the misspelling may consider removing the breasts, ovaries and uterus.

Nelson opted to have her ovaries and uterus removed immediately. "It wasn't really a difficult decision for me," she says. "I had to think of my daughter first—which means staying in the best health I can."

Nelson's decision proved to be a wise one. "It saved my life," she says. During surgery, doctors discovered a small tumor in one of her fallopian tubes. She has since undergone chemotherapy and has a 95 to 99 percent chance of a complete cure, and is considering whether to have her breasts removed. "I am the only woman in my family who has escaped breast cancer so far," she says. "Now that I know I carry a gene that puts me at risk, I want to do something about it."



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may have led people to expect too much too soon. We will probably have to wait decades before we see the fruits of current research." Only in a few experimental cases (see "Gene Therapy: One Success Story," on page 86) has gene therapy shown any measurable improvement in a patient.

WHO WILL OWN THESE GENE TESTS AND THERAPIES?

Some companies are already scurrying to lay claim to gene sequences. For example, Human Genome Sciences, a Rockville, Maryland, biopharmaceutical company, already has at least one hundred gene patents, and has filed for seventy-five hundred more.

This may sound odd—after all, you can't patent other body parts. But most scientists believe it is inevitable. "Unless companies can take out patents, they will not be willing to make the huge investment necessary to develop new genetics-based tests and treatments," says Collins. Many researchers believe that a company should only be able to patent a gene if there is scientific proof it can be used to develop a useful test or treatment.

WILL GENE THERAPY MAKE IT POSSIBLE TO IMPROVE A PERSON'S APPEARANCE?

There is little doubt that such developments are in the cards, although no one can say how many decades away. Picture it: a treatment that could make your children taller. Or one that could slow aging.

But many view this future as a minefield. These enhancements might be available only to (continued)

THE NEXT FRONTIER

FRANCIS COLLINS, M.D., PH.D., HELPS PREDICT HOW MEDICINE WILL CHANGE IN THE YEARS AHEAD:

2000: Jane Smith, thirty, is healthy, but her mother died of breast cancer. Jane doesn't get tested for BRCA misspellings, since there are no proven treatments.

2005: Congress enacts legislation protecting the right to privacy for genetic test results and prohibits any form of discrimination based on genetic profile.

2010: Jane, now forty, gets a new genetic test. If she has the BRCA misspellings, treatments are now available that will reduce her cancer risk.



THE FOLLOWING WEEK: The test shows Jane isn't vulnerable to breast and ovarian cancer, but she has a risk of heart disease. She starts a healthy diet.

2020: A pharmaceutical company releases a drug that prevents artery clogging in people who have Jane's genetic misspelling. Dr. Jones prescribes it for Jane.

2040: Jane, still healthy at seventy, notices her hair is thinning. A new gene therapy strengthens the hair follicles; Jane's mane is restored.



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SYNVISC®
HYLAN G-F 20

*...octor may ask you to temporarily ...strenuous activity after treatment.

DISCOVER DRUG-FREE RELIEF FOR OSTEOARTHRITIS KNEE P

Synvisc®

HYLAN G-F 20

BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Summary describes Synvisc, a prescription formulation of hylan G-F 20 for knee pain due to osteoarthritis. Please read it carefully. Only your doctor has the training necessary to weigh the benefits and risks of Synvisc therapy for you. Contact your doctor if you have any questions.

WHAT IS SYNVISC?

Synvisc is a viscous and elastic sterile mixture that is made up of hylan A fluid, hylan B gel, and salt water. The two hylans are manufactured from hyaluronan (sodium hyaluronate) that comes from chicken combs. Hyaluronan is a natural chemical found in the body and is present in a particularly high amount in joint tissues and in the fluid that fills the joint. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint, and is needed for the joint to operate properly. In osteoarthritis, there may not be enough hyaluronan, and there may be a change in the quality of the hyaluronan in joint fluid and tissues. Synvisc has comparable viscous and elastic properties to synovial fluid of 18- to 27-year-old healthy human knees. Synvisc is given by a series of injections directly into your knee.

WHAT IS SYNVISC USED FOR?

Synvisc is used to relieve knee pain due to osteoarthritis. It is used for patients who do not get adequate relief from simple painkillers or from exercise and physical therapy. The most pain relief and the greatest amount of treatment success occurred 8 to 12 weeks after Synvisc treatment began.

HOW CAN I GET MORE INFORMATION ABOUT SYNVISC?

If you have any questions or would like to find out more about Synvisc, you may call Wyeth-Ayerst Pharmaceuticals, at 1-800-99-WYETH or fax (610) 964-5999.

CONTRAINDICATIONS

- Do not administer to patients with known hypersensitivity (allergy) to hyaluronan (sodium hyaluronate) preparations.
- Do not inject Synvisc in the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

WARNINGS

- Do not concomitantly use disinfectants containing quaternary ammonium salts for skin preparation because hyaluronan can precipitate in their presence.
- Do not inject Synvisc extra-articularly, or into the synovial tissues and capsule. Local and systemic adverse events, generally in the area of the injection, have occurred following extra-articular injection of Synvisc.
- Intravascular injections of Synvisc may cause systemic adverse events.

PRECAUTIONS

General

- The effectiveness of a single treatment cycle of less than three injections of Synvisc has not been established.
- The safety and effectiveness of Synvisc in locations other than the knee and for conditions other than osteoarthritis have not been established.
- Do not inject anesthetics or other medications into the knee joint during Synvisc therapy. Such medications may dilute Synvisc and affect its safety and effectiveness.
- Use caution when injecting Synvisc into patients who are allergic to avian proteins, feathers, and egg products.
- The safety and effectiveness of Synvisc in severely inflamed knee joints have not been established.
- Strict aseptic administration technique must be followed.
- STERILE CONTENTS. The syringe is intended for single use. The contents of the syringe must be used immediately after its packaging is opened. Discard any unused Synvisc.
- Do not use Synvisc if package is opened or damaged. Store in original packaging (protected from light) at room temperature below 86°F (30°C). DO NOT FREEZE.
- Remove synovial fluid or effusion before each Synvisc injection.
- Synvisc should be used with caution when there is evidence of lymphatic or venous stasis in that leg.

Information for Patients

- Provide patients with a copy of the Patient Labeling prior to use.
- Transient pain, swelling, and/or effusion of the injected joint may occur after intra-articular injection of Synvisc. In some cases, the effusions may be considerable and cause pronounced pain; cases where swelling is extensive should be discussed with the physician.
- As with any invasive joint procedure, it is recommended that the patient avoid any strenuous activities or prolonged weight-bearing activities such as jogging or tennis following the intra-articular injection.
- The safety and effectiveness of repeat treatment cycles of Synvisc have not been established.
- The packaging of this product contains dry natural rubber latex.

Use in Specific Populations

- **Pregnancy:** The safety and effectiveness of Synvisc have not been established in pregnant women.
- **Nursing mothers:** It is not known if Synvisc is excreted in human milk. The safety and effectiveness of Synvisc have not been established in lactating women.
- The safety and effectiveness of Synvisc have not been established in children.

ADVERSE EVENTS

Adverse Events Involving the Injected Joint

Clinical Trials

A total of 511 patients (559 knees) received 1771 injections in seven clinical trials of Synvisc. There were 39 reports in 37 patients (2.2% of injections, 7.2% of patients) of knee pain and/or swelling after these injections. Ten patients (10 knees) were treated with arthrocentesis and removal of joint effusion. Two additional patients (two knees) received treatment with intra-articular steroids. Two patients (two knees) received NSAIDs. One of these patients also received arthrocentesis. One patient was treated with arthroscopy. The remaining patients with adverse events localized to the knee received no treatment or only analgesics.

Postmarket Experience

The most common adverse events reported have been pain, swelling and/or effusion involving the injected knee. In some cases, the effusion was considerable and caused pronounced pain. In some instances, patients have presented with knees that were tender, warm and red. It is important to rule out infection or crystalline arthropathies in such cases. Synovial fluid aspirates of varying volumes have revealed a range of cell counts, from very few to over 50,000 cells/mm³. Reported treatments have included symptomatic therapy (e.g., rest, ice, heat, elevation, simple analgesics and NSAIDs) and/or arthrocen
articular corticosteroids have been used when infection w
Patients have rarely undergone arthroscopy or other procedu
generally abate within a few days. Clinical benefit from tre
still occur after such reactions.
Intra-articular infections did not occur in any of the clinica
have been reported only rarely during clinical use of Synvi

Other Adverse Events

Clinical Trials

In three concurrently controlled clinical trials with a total of
who received Synvisc and 110 patients who received eith
arthrocentesis, there were no statistically significant differ
numbers or types of adverse events between the group of
received Synvisc and the group that received control treat
Systemic adverse events occurred in 10 (2.0%) of the Syn
patients. There was one case each of rash (thorax and bac
ing of the skin following Synvisc injections in these studie
symptoms did not recur when these patients received add
Synvisc injections. The remaining generalized adverse eve
were calf cramps, hemorrhoid problems, ankle edema, mu
tonsillitis with nausea, tachyarrhythmia, phlebitis with var
low back sprain.

Postmarket Experience

Other adverse events reported include: rash, hives, itching,
headache, dizziness, chills, muscle cramps, paresthesia, per
malaise, respiratory difficulties, flushing and facial swellin
been rare reports of thrombocytopenia coincident with Syn
(Adverse events reported only in worldwide postmarketing
not seen in clinical trials, are considered more rare and ar

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Synvisc® is covered by U.S. patents.

This summary provides the most important information ab
If you want to read more, ask your doctor or pharmacist to
the professional labeling.
This Brief Summary for Direct-to-Consumer advertising is
current Synvisc Physician Insert, CI 6182-1, Revised May

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MAPPING YOUR HEALTH

Continued

the select few who can pay for them, which could create a class of genetic have-nots. Another explosive prospect is that people will be coerced to use them. "Let's say a genetically based drug became available that could pump up your brain's performance," speculates Thomas Murray, Ph.D., president of The Hastings Center, an institute for the study of ethical issues in medicine and science in Garrison, New York. "Assume you did not wish to take it. How would you feel if your employer pressured you to perform better?"

WILL INSURANCE COMPANIES HAVE ACCESS TO GENETIC INFORMATION?

There are no specific federal laws protecting genetic privacy or prohibiting discrimination. In other words, in most states insurers could theoretically refuse to cover someone who is genetically at risk, just as they can turn away someone who has a pre-existing medical condition. And an employer who learns of a job candidate's genetic risk profile may be able to, theoretically, hire someone else without explaining why. President Clinton has banned genetic discrimination by the federal government, but this protection in place for the public.

Fear of discrimination has al deterred many people from see genetic testing. "Women with a f ly history of breast cancer some decide against being tested changes in BRCA genes (which ate a strong risk of the disease) cause of these concerns," says R Bennett, a genetic counselor a University of Washington in Se These worries will escalate as t tests become available. Researc believe there is an urgent nee new federal legislation. ■


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worth cutting out of
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By Pregnant Women May Result in Feta
Injury, Premature Birth, And Low Birth Weigh

Think light.





Lighten up with Merit.

Enjoy rewarding taste

MINI FILM GUIDE

THIS SUMMER'S MUST-SEE MOVIES

1. What Lies Beneath

In this thriller, Harrison Ford stars as a professor investigating the murder of a beautiful college student who is haunting his wife, played by Michelle Pfeiffer. Robert Zemeckis (*Forrest Gump*) directs. Opens July 21.

2. The Adventures of Rocky and Bullwinkle

Robert DeNiro, Rene Russo and Jason Alexander star in this animated and live-action feature about the famous flying squirrel and his pals. Opens June 30.

3. Me, Myself and Irene

In this comedy directed by the Farrelly brothers (*There's Something About Mary*), Jim Carrey stars as a man with multiple personalities, some of whom fall in love with a woman played by Carrey's real-life squeeze, Renee Zellweger. Opens June 23.

4. The Perfect Storm

George Clooney stars in this true-life drama—based on Sebastian Junger's best-selling book—as a man trying to survive a killer storm. Opens June 30.

5. Numbers

Nora Ephron (*You've Got Mail* and *Hanging Up*) directs John Travolta and Lisa Kudrow in this comedy about a TV weatherman who scams a state lottery. Opens July 14.













make his day

Stumped by what to get Dad for Father's Day? Surprise him with one of these unusual gifts.

1 **Rent a sports car for a day.** In most cities around the country, Budget (800-527-0700) and Hertz (800-654-3131) offer rentals that are a lot more exciting than the family minivan. Daily rates for Jaguars start around $99.

2 **Sign him up for a beer-of-the-month club.** Prices range from $16.95 to $25.95 per month for a dozen (usually assorted) bottles. Check out Beer of the Month Club (800-625-8238) or the Great American Beer Club (800-258-2872).

3 **Create a custom crossword puzzle** on the computer with clues all about him and your family. Instead of the standard crossword-puzzle stumpers, he'll be asking, "What's a three-letter word for 'family chauffeur'?" Software costs around $20 at Crossword Construction Kit (801-295-1890) or Crossword Creator (800-848-2424).

4 **Power Pitch 'N' Hit,** a pitching machine that includes a plastic bat, balls and the machine itself; $29.99, available from Sport Fun (800-423-2597).

LAUGHING MATTER

"Men reach their sexual peak at 18. Women reach their sexual peak at 35. Do you get the feeling God is into practical jokes? We're reaching our sexual peak right around the same time they're discovering they have a favorite chair." —Rita Rudner



Meet us at: www.LenoxCollections.com

Millennium Drummer

THE 2000 ANNUAL NUTCRACKER ORNAMENT

The familiar toy soldier is a beloved part of traditional Christmas festivities...and a favorite among collectors.

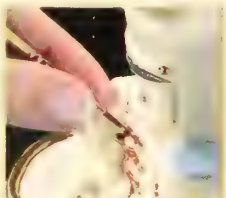
Now, Lenox presents *Millennium Drummer*, the fully sculptured nutcracker ornament ready for Christmas 2000. So expertly sculptured, you can almost hear the "rat-a-tat-tat" of his drumsticks. Hand-applied accents of 24 karat gold complete his holiday uniform.

Premier issue, just $24.90

Millennium Drummer, the *first annual* nutcracker ornament from Lenox, is available at just $24.90. This year-dated ornament is a limited edition, with crafting to cease December 25, 2000. Each sculpted Lenox® ornament will include a Certificate of Authenticity and a gold tassel cord.

To acquire this imported annual ornament, mail the Order Form today.

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Accents of 24 karat gold will be applied by hand.

Ivory china...hand painting...gold accents. This is the look of classic elegance created by Walter Scott Lenox more than a century ago...treasured for generations...and sought after by collectors today.

Limited Edition • Order by June 30, 2

I wish to order _____ (qty.) *Millenniu Drummer* ornament(s), crafted of fin china and 24 karat gold.

I need send no money now. I will billed for each ornament in two monti installments of $12.45* each. *My satisf tion is guaranteed.*

Signature _____
ALL ORDERS ARE SUBJECT TO ACCEPTANCE

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Meet us at: www.LenoxCollections.com

A Christmas Treat

First Annual Gingerbread Ornament

he creamiest ivory china…a sprinkling of 24 karat ld…a smidgen of color…and a generous measure of agination. That's what this Christmas treat is made of.

Now, Lenox presents *A Christmas Treat*, The 2000 ingerbread Ornament. As if he weren't sweet ough already, this pleasant fellow holds a striped ndy cane, year-dated with "2000" in 24 karat gold. nd like bakers icing each cookie, artists hand apply cents of 24 karat gold to each ornament.

A Christmas Treat will be produced only until ecember 25, 2000. Each ornament will bear the nox® hallmark in 24 karat gold.

This imported collector ornament is a premier ue—the first in a collection of Lenox annual gin- rbread ornaments. And it is available direct from nox at just $19.90.

Catch this gingerbread man ornament while you n—mail your order today.

ONLY $19.90

Ivory china…hand painting…gold accents. This is the look of classic elegance…created by Walter Scott Lenox more than a century ago…treasured for generations…and sought after by collectors today.

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Limited Edition • Order by June 30, 2000

I wish to order _____ (qty.) *A Christmas Treat* ornament(s), to be crafted of Lenox fine china and 24 karat gold.

I need send no money now. I will be billed $19.90* for each ornament. *My satisfaction is guaranteed.*

Signature _____
ALL ORDERS ARE SUBJECT TO ACCEPTANCE

Name _____

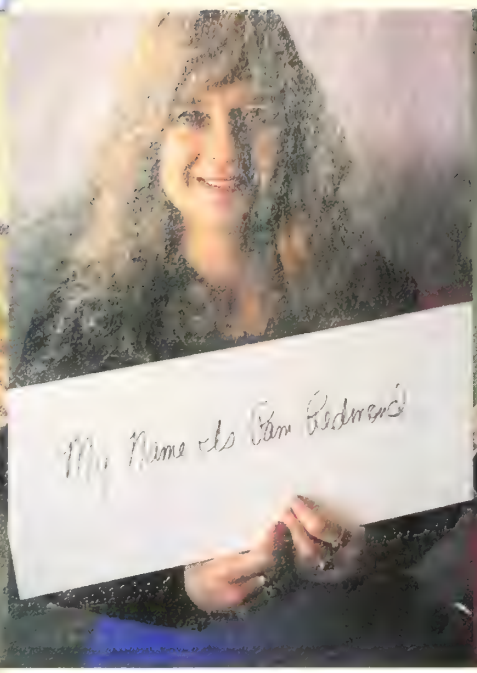
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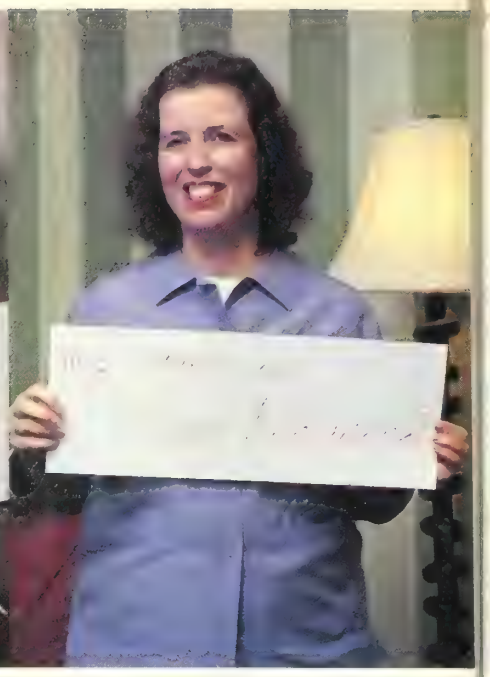
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Telephone (_____)

P.O. Box _____

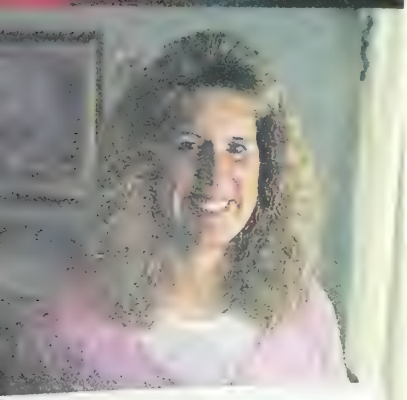














"I AM Pam Redmond"

You can find anything on the Web, including people all over the country who have the same name as you. But to meet your namesakes in person? How strange would that be?

By Pamela Redmond Satran

It's one hundred degrees outside and I'm speeding down the freeway from my home near San Francisco to Fresno, two hundred miles south. Up half the night, I finally got out of bed a little after five, anxious about this trip. I'm going to meet someone I don't know, and I'm not sure what I'll find. The only reason I'm going to Fresno, the only connection between me and the woman I'm driving to see, is that we share the same name: Pamela Redmond.

In just about every other way, we're different. She's black, I'm white. She's poor, an unemployed nurse's aide who lives in a housing project, and I'm a relatively prosperous journalist. She's had a tough life, marked by abuse and a failed first marriage. My first marriage was disastrous, too, but my life has been a comparative bed of roses.

Even though we share the same name, it's safe to say I've never known anyone like the other Pamela Redmond. What will her house be like? Her neighborhood? Will I feel out of place? Will she and I connect? And then I think: Of course we will. There's nothing more personal than a name. From the time each of us could understand language, whenever we heard or saw the words Pamela Redmond, we both had the same reaction: That's me.

I'm on a mission to meet all the Pamela Redmonds in America. A handful of years ago, this wouldn't have been possible. But now, thanks to the Internet, I can type in my name and *(continued)*

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Have you Hugged and Kissed your kids today?

the hours languishing home in bed with various childhood illnesses grew into an adult career: I'm the co-author of five books on names. And I believe in the power of a name to evoke an image, a feeling. While I haven't always loved my own name—as a kid, I thought it was too proper and prissy, and wished for a bouncier name like Susie—it always seemed to fit me. I am kind of soft and proper, like a Pamela, and Redmond seems right because I have red hair, even ruddy skin. As an adult, I like the blend of femininity and professionalism the name seems to convey. While my husband lobbied for the addition of his name, Satran, I've never been able to surrender the Redmond.

I knew from my research that Pamela had been popular from roughly 1950 until 1970, so I figured most of the Pamela Redmonds would be between thirty and fifty. And Redmond is an Irish name. I'm half Irish, and I guessed most of my namesakes would be too. But beyond that, would we have anything else in common?

One year ago, armed with the data from several search engines that gather people's addresses and phone numbers, I set off to find out. I wanted to connect with only Pamela Redmonds who'd had the name from birth, not those who'd gotten it via marriage. I composed a letter telling people what I was doing and why, and mailed it to fifteen Pamela Redmonds all over the country. It felt bizarre dropping fifteen letters all addressed to Pamela Redmond into the mailbox. Then my only choice was to wait.

And wait. A week went by, and then two, and I heard nothing.

Finally one letter drifted in, from a Tennessee Pamela Redmond who'd, alas, gotten her name through marriage. Two letters were returned as undeliverable. Then I received two E-mails. A Pamela Redmond in Iowa wrote that she was—eureka!—an original Pamela Redmond. The other came from California: No note, just a photo of stars on a black sky. I wrote back to both E-mailers immediately. And received no response.

It was time for a more direct approach. Of the nine Pamela Redmonds from my original fifteen who were still at large, six had unpublished phone numbers. I called the other three women. The first was a very nice divorced mother of three living in Georgia—and a Redmond through marriage. The second was a very nice married mother of three living in New Hampshire—and a Redmond through marriage. The third was a woman in the Midwest who sounded terrified and reported every word I said to her, as I said it, to her husband—whose name was Redmond.



Thanks to the Internet, I can type in Pam Redmond, and there they all are, complete with addresses and phone numbers

I discovered that there was no easy way to track down the maiden-name Pamela Redmonds. Online services promising to find anyone—for a fee—turned out to be a total bust. State marriage records proved useless because if you find a Pamela Redmond who married a Jim Johnson in 1972 (as I did), how do you track her down now? In desperation, I finally contacted a private detective and explained what I was trying to do. Mission impossible, he told me.

Then I turned on my computer one morning and there was an E-mail from a Pamela Redmond who worked at NASA. "I have lived in Laurel, Maryland, all my life," she wrote. "I really like country music and dancing. Have you found anything interesting we all have in common yet? I'm really curious!"

A week later, I received another E-mail, from a Pamela Redmond who had married recently, and changed her name. "We have some similarities," she wrote, "one being from New York and the other is that we have married someone within the same field." (This Pam and her husband were both architects; my husband is also a journalist.) She added, "Let me know how I can help."

And then, in a last *(continued)*

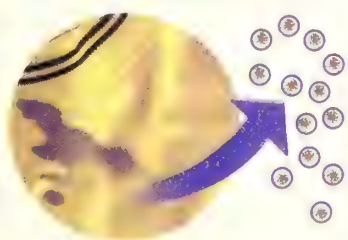
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WARNING
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"I AM PAM REDMOND"

Continued

round of calls, I decided to try for a phone number for the Pamela Redmond who lived in Fresno, even though my letter to her had come back as undeliverable. Suddenly there she was on the other end of the line, my first voice-to-voice contact with another bona fide Pamela Redmond. She grew up in Illinois, she told me, and moved to California two years ago. She'd gotten married recently but kept her original name, even though as a child the kids teased her and called her "Mrs. Redenbacher." She was open with me, and sweet. When she invited me to her home to meet her, I jumped at the chance.

"We look exactly alike!" I joke as I walk toward Fresno Pamela Redmond, both of our arms outstretched for a hug. And the funny thing is that, despite the obvious differences, there *is* something similar in our style.

Her place turns out to be a small tidy house next to a school. Pam's two kids, nine-year-old Shamille and eight-year-old Ivan, are away visiting their cousins; her new husband, Danny, steps outside when he wants a cigarette, out of consideration for me.

Pam and I talk intensely for an hour about our families, our childhoods, our lives. Hers hasn't been easy. She ran away from home when she was eleven. She's the only one of her siblings, she tells me, who hasn't had problems with drugs or the law.

When we head out for lunch at the Hometown Buffet, her husband joins us. He's a nice guy, a former truck driver who says he was shot in the head and now gets disability payments. We talk about raising kids (and why you shouldn't let them watch too much TV), and whether you should search a teenager's room (we're all pro).

We hug for a long time as we say good-bye, and promise to get together soon, maybe with the families. As I head toward home, I feel I've just had an amazing experience.

A week later I'm in Maryl
meeting Pamela Redmond Nu
Two. Maryland Pamela Redmon
I have exchanged a series of ani
E-mails; we're both excited about

So why don't we click whe
meet? I can't figure it out. She's p
with redheaded, pink-skinned,
eyed coloring like mine. Her fath
pale blue eyes that look so muc
my own father's eyes I feel hau
when we shake hands.

I admire her. A single mothe
gave birth nine weeks early t
twin girls, who weighed less
three pounds each. The girls' f
lost interest in the pregnancy
Pam discovered that she was ca
twins. Nursing two babies throu
long hospital stay, then sleepin
the bedroom floor between their
in case one of them forgot to bre
which they tended to do: I'
awe of her accomplishment.
more: Sara and Brook, now five
adorable. Sara has a mild case of
bral palsy and still needs help to

Pam is a devoted mother who
s to have done a wonderful job
ising these confident and well-
ved girls.
ut in many ways, this Pamela Red-
d is the opposite of me. While I'm
n to change, she's quiet and lives
ry rooted life. She and the girls
e a small corner house with her
in a working-class neighborhood,
re she is surrounded by extended
y. She's worked in the same gov-
nent agency since high school.
e part of me longs for this kind of
ity, I know it isn't right for me.

he next night, when I meet
ela Redmond III in New York
I'm starting to get kind of dizzy.
s the same age as the other two
met: thirty. But this Pamela Red-
d could be my cousin. Pamela
mond III's family is from New
, like mine, and she grew up in
ity's suburbs, as I did, the fourth
ve children. We both order mar-
as and discover that we also
e the same middle name, Ann.
"Eeeeek," she squeals. "Now I'm really getting the chills."

Our conversation is animated, easy. She's debating making a job change and we discuss that. Our energy level and senses of humor are similar. If we were colleagues or neighbors, we'd become friends.

I have one more Pamela Redmond to visit: Iowa Pamela Redmond. She's thirty-six and works on the line at the Winnebago motor-home factory, living with her boyfriend of ten years in the town of Leland, population three hundred. I called her twice after she didn't answer my E-mails. It turns out her mom warned her I might be out to steal her identity. But I reassured her, and she's agreed to let me visit her.

After twelve hours of travel, I arrive in Pamela Redmond's pretty little town. And she is a pleasant surprise, the wariness of our early encounters replaced by friendliness and good cheer. She shows me around the old house she renovated, pointing with pride to the wooden furniture she built

We discover [illegible]
sales, and head [illegible]
We hit a great [illegible]
town by a lake, then have lunch in a classic Iowa café, where [illegible] me by name to the waitress. We've gone public, and I feel as freakish as if we were Siamese twins.

But despite the shared name, she is as different from the other Pamela Redmonds as they all were from each other. We could be any five women plucked from a stack of American phone books. But as I drop the last Pam off at her tidy white house and drive away through the fields of northern Iowa, there's a smile on my face. We had a great time together, Pam Redmond and me. I was grateful to her and her namesakes for opening up their homes and their lives to me, this stranger who dropped from the sky into their mailboxes. Maybe we didn't share much more than the experience of our name. But these days, that can be a lot. ■



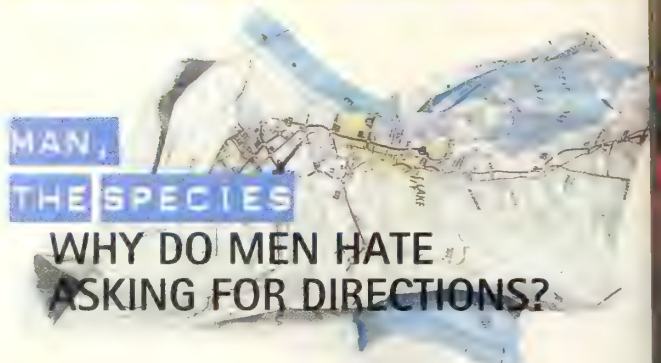


LET HIM DRINK COFFEE

Give your husband another cup of java. In a recent study at the Harvard School of Public Health, in Boston, men who drank two or three cups of caffeinated coffee per day had a 30 to 40 percent lower risk of gallstones, which are caused by a buildup of calcium salts or cholesterol. Coffee—or caffeine—may cause the gallbladder to empty more completely.

CAN BALDNESS BE PREVENTED?

You may have seen the ads for Rogaine featuring a thirtysomething man with no visible signs of baldness. "We're encouraging men to use it at the first sign of hair loss," says Mary Fran Faraji, spokesperson for Rogaine. Indeed, Rogaine and its competitor, Propecia, may be better suited to maintaining hair, says Richard A. Strick, M.D., a clinical professor of dermatology at UCLA School of Medicine, in Los Angeles. "Once you lose hair, the follicles shrink, preventing the production of new hair," he explains. Just keep in mind, not all men worried about baldness are impressed by the treatment. In one study involving Propecia, those who used the drug were not much more satisfied with the results than those who used a placebo (sugar pill).



MAN, THE SPECIES

WHY DO MEN HATE ASKING FOR DIRECTIONS?

"To ask directions is to acknowledge helplessness, something men don't do comfortably," explains Michael Jolkovski, Ph.D., a clinical psychologist in Falls Church, Virginia. In addition, they enjoy the role of explorer. What's a wife to do? Know when to let him have his fun and when to say, "I know you enjoy this, but now is not the time," advises Jolkovski.

QUESTION OF THE MONTH

WHAT WAS THE MOST MEMORABLE MOMENT OF YOUR WEDDING DAY?



Peter Crow, 35; three kids, ages 4, 2 and 4 months; physician, Charlottesville, VA

"The limo ride from the church to the reception was the best part of my wedding day, May 28, 1994. My wife and I had been stressed about the ceremony, and we were relieved to have made it through. Plus, it was our first time alone as husband and wife; we were so relaxed and happy."



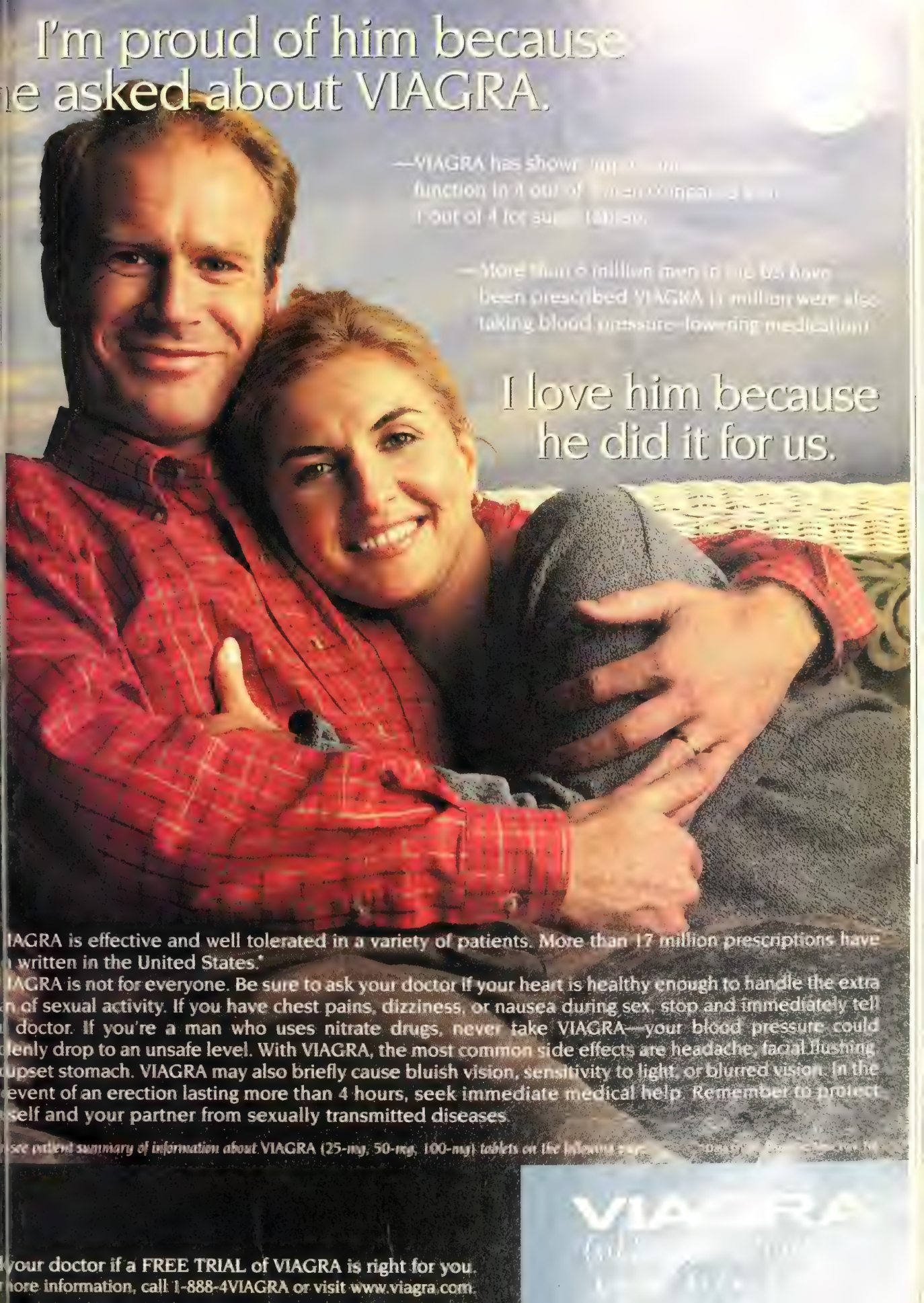
Eddie Chapman, 37; one child, age 9; police officer, Chicago

"I'll never forget the look on my wife's face when she said 'I do' on February 15, 1986. Her face lit up like a Christmas tree. Our honeymoon was memorable too; we went to Las Vegas on the spur of the moment. We were still wearing our wedding attire, and everyone on the flight was cheering."



Devin Taylor, 30; two kids, ages 2 and 6 months; graphic designer, Olympia, WA

"Part of our Mormon ceremony on May 25, 1995, took place in a mirrored area of the temple. There were infinite reflections of my wife, but only one of me. The officiant said, 'Remember, your wife is infinitely more important than you are.' I realized that I wanted to be a good husband."



IAGRA is effective and well tolerated in a variety of patients. More than 17 million prescriptions have written in the United States.*

IAGRA is not for everyone. Be sure to ask your doctor if your heart is healthy enough to handle the extra n of sexual activity. If you have chest pains, dizziness, or nausea during sex, stop and immediately tell doctor. If you're a man who uses nitrate drugs, never take VIAGRA—your blood pressure could denly drop to an unsafe level. With VIAGRA, the most common side effects are headache, facial flushing, upset stomach. VIAGRA may also briefly cause bluish vision, sensitivity to light, or blurred vision. In the event of an erection lasting more than 4 hours, seek immediate medical help. Remember to protect self and your partner from sexually transmitted diseases.

see patient summary of information about VIAGRA (25-mg, 50-mg, 100-mg) tablets on the following page.

your doctor if a FREE TRIAL of VIAGRA is right for you.
nore information, call 1-888-4VIAGRA or visit www.viagra.com.

VIA RA

Love life again.

PATIENT SUMMARY OF INFORMATION ABOUT

VIAGRA

This summary contains important information about VIAGRA®. It is not meant to take the place of your doctor's

This medicine can help many men when it is used as prescribed

use only by men who have a condition called erectile dysfunction.

VIAGRA must never be used by men who are taking medicines that contain nitrates of any kind, at any time. This includes nitroglycerin. If you take VIAGRA with any nitrate medicine your blood pressure could suddenly drop to an unsafe or life threatening level.

What Is VIAGRA?

is sexually excited.

How Sex Affects the Body

done having sex, this extra blood
e body. The erection goes away

permanently damage your penis. You should call a doctor immediately if you ever have a prolonged erection that lasts more than 4 hours.

Some conditions and medicines interfere with this natural erection process. The penis cannot fill with enough blood. The man cannot
This is called erectile dysfunction if it becomes a

During sex, your heart works harder. Therefore sexual activity may not be advisable for people who have heart problems. Before you start any treatment for erectile dysfunction, ask your doctor if your heart is healthy enough to handle the extra strain of having sex. If you have chest pains, dizziness or nausea during sex, stop having
tor you have had this problem.

How VIAGRA Works

VIAGRA enables many men with erectile dysfunction to respond to sexual stimulation. When a man is sexually excited, VIAGRA helps the penis fill with enough blood to cause an erection. After sex is over, the erection goes away.

VIAGRA Is Not for Everyone

As noted above (*How Sex Affects the Body*), ask your doctor if

If you take any medicines that contain nitrates–either regularly or as needed–you should never take VIAGRA. If you take VIAGRA with any nitrate medicine or recreational drug containing nitrates, your blood pressure could suddenly drop to an unsafe level. You could get dizzy, faint, or even have a heart
or stroke. Nitrates are found in many prescription medicines that are used to treat angina (chest pain due to heart disease) such as:

- nitroglycerin (sprays, ointments, skin patches or pastes and tablets that are swallowed or dissolved in the mouth)
- isosorbide mononitrate and isosorbide dinitrate (tablets that are swallowed, chewed, or dissolved in the mouth)

Nitrates are also found in recreational drugs such as amyl nitrate
s"). If you are not sure if any of your medicines contain nitrates, or if you do not understand what nitrates are, ask your doctor or pharmacist.

VIAGRA is only for patients with erectile dysfunction. VIAGRA is not for newborns, children, or women. Do not let anyone else take your VIAGRA. VIAGRA must be used only under a doctor's supervision.

What VIAGRA Does Not Do

- VIAGRA does not cure erectile dysfunction. It is a treatment for erectile dysfunction.
- VIAGRA does not protect you or your partner from getting sexually transmitted diseases, including HIV–the virus that causes AIDS.
- VIAGRA is not a hormone or an aphrodisiac.

What To Tell Your Doctor Before You Begin VIAGRA

Only your doctor can decide if VIAGRA is right for you. VIAGRA can cause mild, temporary lowering of your blood pressure. You will need to have a thorough medical exam to diagnose your erectile dysfunction and to find out if you can safely take VIAGRA alone or with your other medicines. Your doctor should determine if your heart is healthy enough to handle the extra strain of having sex.

Be sure to tell your doctor if you:

- have ever had any heart problems (e.g., angina, chest pain, heart failure, irregular heart beats, or heart attack)
- have ever had a stroke
- have low or high blood pressure
- have a rare inherited eye disease called retinitis pigmentosa
- have ever had any kidney problems
- have ever had any liver problems
- have ever had any blood problems, including sickle cell
- are taking any other medicines

VIAGRA and Other Medicines

Some medicines can change the way VIAGRA works. Tell your doctor about **any medicines** you are taking. Do not start or stop taking any medicines before checking with your doctor or pharmacist. This includes prescription and nonprescription medicines or remedies. Remember: VIAGRA should never be used with medicines that contain nitrates (see *VIAGRA Is Not for Everyone*). If you are taking a protease inhibitor, your dose may be adjusted (please see *Finding the Right Dose for You*.) VIAGRA should not be used with any other medical treatments that cause erections. These treatments include pills, medicines that are injected or inserted into the penis, implants or vacuum pumps.

Finding the Right Dose for You

VIAGRA comes in different doses (25 mg, 50 mg and 100 mg). If you do not get the results you expect, talk with your doctor. You and your doctor can determine the dose that works best for you.

- Do not take more VIAGRA than your doctor prescribes.
- If you think you need a larger dose of VIAGRA, check with your doctor.
- VIAGRA should not be taken more than once a day.

If you are older than age 65, or have serious liver or kidney problems, your doctor may start you at the lowest dose (25 mg) of VIAGRA. If you are taking protease inhibitors, such as for the treatment of HIV, your doctor may recommend a 25 mg dose and may limit you to a maximum single dose of 25 mg of VIAGRA in a 48 hour period.

How To Take VIAGRA

Take VIAGRA about one hour before you plan to have sex. Beginning in about 30 minutes and for up to 4 hours, VIAGRA can help you get an erection if you are sexually excited. If you take VIAGRA after a high-fat meal (such as a cheeseburger and french fries), the medicine may take a little longer to start working. VIAGRA can help you get an erection when you are sexually excited. You will not get an erection just by taking the pill.

Possible Side Effects

Like all medicines, VIAGRA can cause some side effects. These effects are usually mild to moderate and usually don't last longer than a few hours. Some of these side effects are more likely to occur with higher doses. The most common side effects of VIAGRA are headache, flushing of the face, and upset stomach. Less common side effects that may occur are temporary changes in color vision (such as trouble telling the difference between blue and green objects or having a blue color tinge to them), eyes being more sensitive to light, or blurred vision.

In rare instances, men have reported an erection that lasts many hours. You should call a doctor immediately if you ever have an erection that lasts more than 4 hours. If not treated right away, permanent damage to your penis could occur (see *How Sex Affects the Body*).

Heart attack, stroke, irregular heart beats, and death have been reported rarely in men taking VIAGRA. Most, but not all, of these men had heart problems before taking this medicine. It is not possible to determine whether these events were directly related to VIAGRA.

VIAGRA may cause other side effects besides those listed on this sheet. If you want more information or develop any side effects or symptoms you are concerned about, call your doctor.

Accidental Overdose

In case of accidental overdose, call your doctor right away.

Storing VIAGRA

Keep VIAGRA out of the reach of children. Keep VIAGRA in its original container. Store at room temperature, 59°-86°F (15°-30°C).

For More Information on VIAGRA

VIAGRA is a prescription medicine used to treat erectile dysfunction. Only your doctor can decide if it is right for you. This sheet is only a summary. If you have any questions or want more information about VIAGRA, talk with your doctor or pharmacist, visit www.viagra.com, or call 1-888-4VIAGRA.

23-5515-00-4

VIAGRA
(sildenafil citrate) tablets

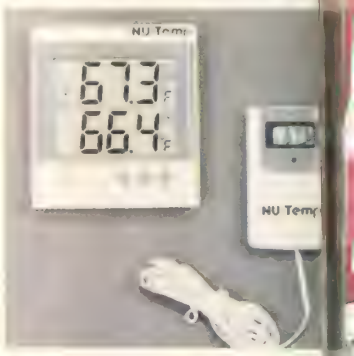
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LHJ SPECIAL OFFER

Grill and Go



The Temperature Detective BBQ Thermometer and Remote Transmitter lets you grill while doing other things around the house. Simply insert the probe in the poultry or meat and take with you the easy-to-read remote transmitter which monitors your grill up to feet away. The remote displays the temperature and time and beeps when done. Great for oven cookin too. Use for the holiday ham, a ro or the Thanksgiving turkey. A perfect gift for grillers! Requires tw AA batteries (not included); $63.9

BYE -BYE MOSQUITOE

According to Weitech, Inc., their new Mosquito-X, is 85% more effective in repelling mosquitoes EPA-registered, it has a powerfu inhibitor inside the container tha



masks human smell and protects up to 100 square feet for 360 hours. Safe for use around pets and children. Mosquito-X sells fo $34.95. Additionals are $27. Tw Refill Inhibitors sells for $20. Sorry, not available in California.

handling and applicable sales tax. Call 800-763-6393 (MasterCard, Visa, Discover Card) or send your name, address and check to: LHJ Resources, Dept. L0600 P.O. Box 9381, Des Moines IA 50306. Orders outside of contiguous U.S., please add $15. for S&H.

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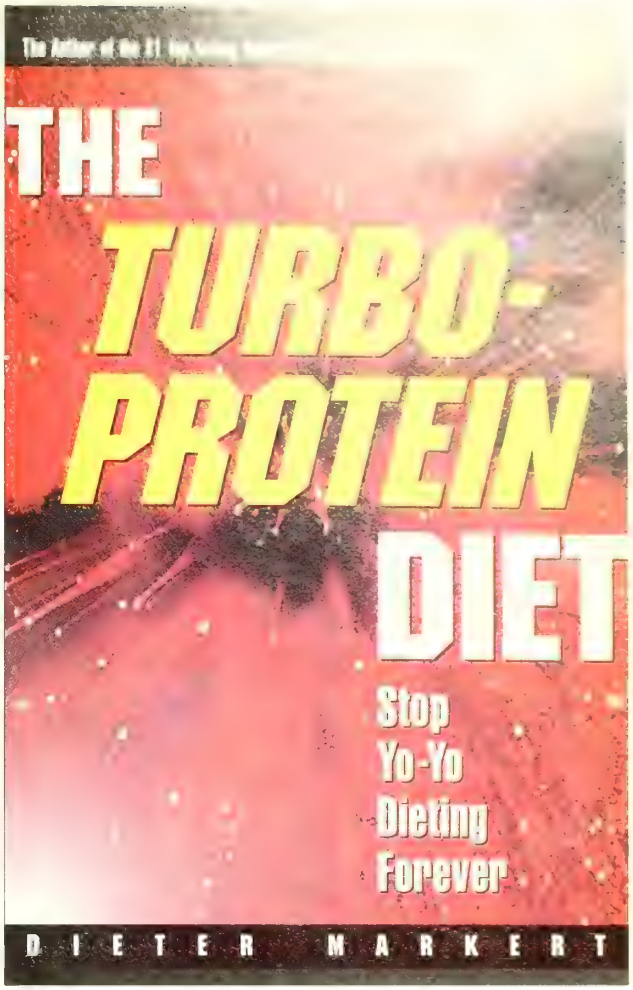
O POUNDS ER WEEK!

good to be true? Lose weight ckly and keep it off forever! s turbo diet, developed and ted by a European M.D., is now ilable in the U.S.

Europe comes this utionary new diet can put a stop to 'yo-yo"effect. Based e body's own meta- process, this program safely bring about ficant weight loss in a few weeks, because tually retrains the eliminating the ency for the weight turn. Clinical studies proven this diet to mple, effective, and ng.

author, Dr. Dieter ert, is an anesthesist pain therapist in te practice and treats nts with natural and tic therapy. Part of ork involves treating viduals damaged by ious diets. Dr. Markert loped a method of ching the natural body functions from "fat" to "slim" with the help of a diet plan and natural amino acids. At the same time, the body receives protection from free radicals.

Dr. Markert's book, ***The Turbo-Protein Diet,*** explains how to achieve weight reduction in a healthy manner. This pure liquid fast cure is supplemented with a simple exercise program. A weight loss of about 6 to 10 pounds a week is possible. When the program is completed, the metabolism and thyroid gland have been retrained enabling the lost weight to be kept off for good. *Dr. Markert's patients are successful at losing weight and increasing their metabolic rate.*



"Fantastic!! I lost 17 pounds in only 14 days. No hunger pangs at all!"
— Billy V., Melrose, MT

"Just a thank you to Almased USA. I lost 16 pounds in 2 weeks. What a great product!" *— Betty M., Willis, TX*

To learn more about how this program can work for you, ask for *The Turbo-Protein Diet* by Dr. Dieter Markert at a bookstore near you or order your copy by calling this toll-free number: 1-800-444-2524.

$7.95 (ISBN 09667285-1-3) www.bookworld.com

OVER 1 MILLION COPIES SOLD

RISKY Home Remedies

Warning! These natural cures can be dangerous. Read this before popping a pill or spooning up a supplement

By Kathleen McAuliffe



As consumers continue to search for remedies for the common cold and weight-loss woes, herbal products have become a $4 billion-a-year industry. But while demand has grown, regulatory oversight of the industry has weakened, thanks to a 1994 law that lifted a requirement for pre-market testing.

Recently, people taking supplements have reported complaints ranging from minor reactions like headaches and stomach upsets to heart attacks, strokes, seizures, liver poisoning and even death. While the Food and Drug Administration (FDA) has received about 3,000 such reports of adverse reactions in the last seven years, experts say the true number is no doubt higher because problems often go unreported. In some cases, the herb itself may be dangerous; in others, the real threat is poor quality control. In recent independent tests of popular supplements such as St. John's wort, DHEA (a hormone found naturally in the body; supplements claim to boost libido, slow aging and more) and melatonin, some brands were found to have little or none of the active ingredients listed on the label, while others contained more—in one case, a 50 percent overdose. In the fall of 1998, Richard J. Ko, a pharmacist with the California Department of Health Services, tested 260 imported herbal medicines from California retail stores. One third contained drugs that were not listed on the label or were tainted with such toxic heavy metals as lead, mercury and arsenic.

How can you protect yourself? To reduce your risk, try to find a doctor knowledgeable about dietary supplements (some now get training in herbal medicine) who is willing t watch carefully for any side effect and be alert to any interactions wit medication you are already taking Most important, says Elizabeth Yet ley, lead scientist for nutrition at th FDA, never take a chance with an supplement that has a reputation fo being dangerous. Below are som leading offenders.

EPHEDRA (also known as ma huang)



What it is: The stems and root of certain ever- green shrubs which can be taken as a tablet, tincture or tea.

Reasons for use: To relieve symptoms of asthma, congestion and other conditions. Some *(continued)*

I was so tired from the
I couldn't be there for my daughters.



I'm so thankful I got help.

ou're a patient receiving chemotherapy, might also be anemic. Anemia is a mon side effect of chemotherapy. It ns your body does not have enough red d cells. This can result in symptoms like me tiredness, dizziness, fatigue, weakness ortness of breath. However, there is an effective treatment. It's called PROCRIT® (Epoetin alfa). PROCRIT is identical to a substance your body produces naturally. And it helps stimulate your body's ability to produce red blood cells that can restore your energy. PROCRIT has a proven safety track record. In studies, only diarrhea and edema occurred more often with PROCRIT than placebo. Please see the brief summary of Prescribing Information on the following page. PROCRIT is for patients with non-myeloid cancers and can only be prescribed by your doctor. To learn how PROCRIT can help you get your strength back, simply call the number below.



Call 1.800.388.1900 for your FREE information booklet.
Or visit www.procrit.com



ured by Amgen Inc Thousand Oaks CA 91320-1789 Distributed by Ortho Biotech Inc. Raritan New Jersey 08869 0670

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE ANEMIA OF CHEMOTHERAPY CANCER PATIENTS TREATED WITH

PROCRIT®
EPOETIN ALFA

PROCRIT is a registered trademark of the distributor.

For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS REFER TO THE PHYSICIANS' DESK REFERENCE

INDICATIONS AND USAGE

Treatment of Anemia in Cancer Patients on Chemotherapy

PROCRIT is indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. PROCRIT is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of two months. PROCRIT is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding which should be managed appropriately.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:
1) Uncontrolled hypertension
2) Known hypersensitivity to mammalian cell-derived products
3) Known hypersensitivity to Albumin (Human)

WARNINGS

The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants which are sometimes fatal.

PRECAUTIONS

General: The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see "Contraindications"). While transient rashes have occasionally been observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions have been reported. The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (e.g., sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of potential pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in PROCRIT-treated patients with CRF. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In pre-clinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, cancer patients should have hematocrit measured once a week until hematocrit has been stabilized, and measured periodically thereafter.

Delayed or Diminished Response: If the patient fails to respond or to maintain a response, the following etiologies should be considered and evaluated:
1) Iron deficiency: functional iron deficiency may develop with normal ferritin levels but low transferrin saturation (less than 20%), presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Virtually all patients will eventually require supplemental iron therapy.
2) Underlying infectious, inflammatory, or malignant processes.
3) Occult blood loss.
4) Underlying hematologic diseases (e.g., thalassemia, refractory anemia, or other myelodysplastic disorders).
5) Vitamin deficiencies: folic acid or vitamin B12.
6) Hemolysis.
7) Aluminum intoxication.
8) Osteolytic fibrous cystitis.

Iron Evaluation: Prior to and during PROCRIT therapy, the patient's iron stores, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Transferrin saturation should be at least 20%, and ferritin should be at least 100 ng/mL. Supplemental iron may be required to increase and maintain transferrin saturation to levels that will adequately support PROCRIT-stimulated erythropoiesis.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In male and female rats treated intravenously with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 units/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses five times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 units/kg group. In female rats treated intravenously, there was a trend for slightly increased fetal wastage at doses of 100 and 500 units/kg. PROCRIT has not shown any adverse effect at doses as high as 500 units/kg in pregnant rabbits (from day 6 to 18 of gestation).

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed no effect of PROCRIT at doses of up to 500 units/kg. There were, however, decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 units/kg group. There were no PROCRIT-related effects on the F2 generation fetuses.

It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: The safety and effectiveness of PROCRIT in children have not been established.

Cancer Patients on Chemotherapy

Hypertension: Hypertension, associated with a significant increase in hematocrit, has been noted rarely in PROCRIT-treated cancer patients. Nevertheless, blood pressure in PROCRIT-treated patients should be monitored carefully, particularly in patients with an underlying history of hypertension or cardiovascular disease.

Seizures: In double-blind placebo-controlled trials, 3.2% (N=2/63) of PROCRIT-treated patients and 2.9% (N=2/68) of placebo-treated patients had seizures. Seizures in 1.6% (N=1/63) PROCRIT-treated patients occurred in the context of a significant increase in blood pressure and hematocrit from baseline values. However, both PROCRIT-treated patients also had underlying CNS pathology which may have been related to seizure activity.

Thrombotic Events: In double-blind placebo-controlled trials, 3.2% (N=2/63) of PROCRIT-treated patients and 11.8% (N=8/68) of placebo-treated patients had thrombotic events (e.g., pulmonary embolism, cerebrovascular accident).

Growth Factor Potential

PROCRIT is a growth factor that primarily stimulates red cell production. However, the possibility that PROCRIT® (Epoetin alfa) can act as a growth factor for any tumor type, particularly myeloid malignancies, cannot be excluded.

ADVERSE REACTIONS

Cancer Patients on Chemotherapy

Adverse experiences reported in clinical trials with PROCRIT in cancer patients were consistent with the underlying disease state. In double-blind, placebo-controlled studies of up to three months duration involving 161 [illegible] patients [illegible] adverse events with an incidence > 10% in either PROCRIT-treated or placebo-treated patients were as indicated at right.

Percent of Patients Reporting Event

Event (N=68)	PROCRIT-Treated Patients (N=63)	Placebo-Treated Patients
Pyrexia	29%	19%
Diarrhea	21%	7%
Nausea	1[illegible]	32%
Vomiting	1[illegible]	15%
Edema	1[illegible]	1%
Asthenia	13%	16%
Fatigue	[illegible]	15%
Shortness of Breath	13%	9%
Paresthesia	11%	6%
Upper Respiratory Infection	11%	4%
Dizziness	5%	12%
Trunk Pain	3%	16%

[a]p = 0.041 [b]p = 0.069 [c]p = 0.0016 [d]p = 0.017

Although some statistically significant differences between PROCRIT and placebo-treated patients were noted, the overall safety profile of PROCRIT appeared to be consistent with the disease process of advanced cancer. During double blind and subsequent open label therapy in which patients (N=72 for total PROCRIT exposure) were treated for up to 32 weeks with doses as high as 927 units/kg, the adverse experience profile of PROCRIT was consistent with the progression of advanced cancer.

Based on comparable survival data, and on the percentage of PROCRIT and placebo-treated patients who discontinued therapy due to death, disease progression or adverse experiences (22% and 13%, respectively; p = 0.25), the clinical outcome in PROCRIT and placebo-treated patients appeared to be similar. Available data from animal tumor models and measurement of proliferation of solid tumor cells from clinical biopsy specimens in response to PROCRIT suggest that PROCRIT does not potentiate tumor growth. Nevertheless, as a growth factor, the possibility that PROCRIT may potentiate growth of some tumors, particularly myeloid tumors, cannot be excluded. A randomized controlled Phase IV study is currently ongoing to further evaluate this issue.

The mean peripheral white blood cell count was unchanged following PROCRIT therapy compared to the corresponding value in placebo-treated patients.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1,500 units/kg T.I.W. for three to four weeks have been administered without any direct toxic effects of PROCRIT itself.

Therapy with PROCRIT can result in polycythemia if the hematocrit is not carefully monitored and the dose appropriately adjusted. If the target range is exceeded, PROCRIT may be temporarily withheld until the hematocrit returns to the target range; PROCRIT therapy may then be resumed using a lower dose (see "Dosage and Administration"). If polycythemia is of concern, phlebotomy may be indicated to decrease the hematocrit.

DOSAGE AND ADMINISTRATION

Cancer Patients on Chemotherapy

Baseline endogenous serum erythropoietin levels varied among patients in these trials with approximately 75 percent (N=83/110) having endogenous serum erythropoietin levels < 132 mU/mL, and approximately 4 percent (N=4/110) of patients having baseline endogenous serum erythropoietin levels > 500 mU/mL. In general, patients with lower baseline serum erythropoietin levels responded more vigorously to PROCRIT than patients with higher erythropoietin levels. Although no specific serum erythropoietin level can be stipulated above which patients would be unlikely to respond to PROCRIT therapy, treatment of patients with grossly elevated serum erythropoietin levels (e.g., > 200 mU/mL) is not recommended. The hematocrit should be monitored on a weekly basis in patients receiving PROCRIT therapy until hematocrit becomes stable.

Starting Dose: The recommended starting dose of PROCRIT is 150 units/kg subcutaneously T.I.W.

Dose Adjustment: If the response is not satisfactory in terms of reducing transfusion requirements or increasing hematocrit after [illegible] weeks of therapy, the dose of PROCRIT can be increased up to 300 units/kg T.I.W. If patients have not responded satisfactorily to a PROCRIT dose of 300 units/kg T.I.W., it is unlikely that they will respond to higher doses of PROCRIT. If the hematocrit exceeds 40%, the dose of PROCRIT should be withheld until the hematocrit falls to 36%. Then dosing of PROCRIT should be reduced by 25% when treatment is resumed and titrated to maintain the desired hematocrit. The initial dose of PROCRIT includes a rapid hematocrit response (e.g., an increase of more than 4 percentage points in any 2-week period), the dose of PROCRIT should be reduced.

PREPARATION AND ADMINISTRATION OF PROCRIT

1. DO NOT SHAKE. Shaking may denature the glycoprotein, rendering it biologically inactive.
2. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. Do not use any vials exhibiting particulate matter or discoloration.
3. Using aseptic techniques, attach a sterile needle to a sterile syringe. Remove the top from the vial containing PROCRIT, wipe the septum with a disinfectant, insert the needle into the vial, and withdraw the syringe an appropriate volume of fluid.
4. **Single-dose** vial 1 mL vial contains no preservative. Use one dose per vial. Do not re-enter vial. Discard unused portion.

   Single-dose, Preservative-Free Vials: 2 mL (40,000 Units/mL). Each 1 mL of solution contains 40,000 Units of Epoetin alfa, 2.5 mg Albumin (Human), 1.165 mg sodium phosphate monobasic monohydrate, 1.766 mg sodium phosphate dibasic anhydrate, 0.696 mg sodium citrate, 5.84 mg sodium chloride, and 6.8 mcg of citric acid in Water for Injection, USP (pH 6.9). This formulation contains no preservative.

   Multidose 2 mL vial contains preservative. Store at 2° to 8°C after initial entry and between doses. Discard 21 days after initial entry.
5. Do not administer in conjunction with other drug solutions.

HOW SUPPLIED

PROCRIT is available in vials containing 2,000, 3,000, 4,000 or 10,000 units of Epoetin alfa in 1.0 mL of a sterile, preservative-free solution.

Each dosage form is supplied in the following packages:

Cartons containing six (6) single-use vials:
- 2,000 Units/mL (NDC 59676-302-06) (Red)
- 3,000 Units/mL (NDC 59676-303-06) (Yellow)
- 4,000 Units/mL (NDC 59676-304-06) (Green)
- 10,000 Units/mL (NDC 59676-310-06) (Purple)

Cartons containing four (4) single-use vials:
- 40,000 Units/mL (NDC 59676-340-01) (Orange)

Trays containing twenty-five (25) single-use vials:
- 2,000 Units/mL (NDC 59676-302-02) (Red)
- 3,000 Units/mL (NDC 59676-303-02) (Yellow)
- 4,000 Units/mL (NDC 59676-304-02) (Green)
- 10,000 Units/mL (NDC 59676-310-02) (Purple)

2 mL **Multidose, Preserved** Solution

Cartons containing six (6) **multidose** vials:
- 10,000 Units/mL (NDC 59676-312-01) (Blue)

STORAGE

Store at 2° to 8° C (36° to 46° F).
Do not freeze or shake.

PROCRIT®
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Manufactured by: Amgen Inc
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HOME REMEDIES

...ed

...as are also being hyped as a way ... crease stamina and metabolism ... ppress appetite.

...e risks: The active ingredient ... hedra is ephedrine, a stimulant ... in many over-the-counter cold ... cts. In small doses it relieves ... congestion and opens the ...chial passages. But it can also rev ... e heart, elevate blood pressure ... rigger nervousness, psychosis, ...nia, stroke, heart attack and ... Ephedra poses a particularly ... threat to pregnant women and ... le suffering from high blood ... ire and cardiovascular disease. It ... een linked to hundreds of ill- ... and injuries—including at least ... n deaths—mostly in otherwise ... ny young or middle-aged adults ... were using the products for ... nt control or as an energy boost- ... ince 1997, the FDA has been ... idering a proposal to require ... ing labels on ephedra supple- ... s. In the meantime, some states ... taken steps to restrict the sale of ... products.

...MMA BUTYROLACTONE ...L)

...t it is: A chemical sold in liquid ... powder form under brand names ... as Renewtriant and Blue Nitro.

...easons for use: Touted as an ...odisiac, stress reducer, sleep aid, ...ght-loss aid, muscle builder and a ... to get a "natural high."

...he risks: Although labeled as a di- ...y supplement, GBL is an illegally ...ceted drug that is rapidly convert- ...y the body into GHB—the "date ... drug." Highly potent, GBL has ... associated with 242 adverse reac- ...s, 191 of which were considered ...us and life-threatening. As of De- ...ber of 1999, at least six deaths had ... reported. Common side effects ...ude depressed breathing, vomiting, ...ures and slow heart rate, and users ... become comatose. Last year, the ...A requested a recall of all GBL- ...taining supplements. But the ...mical continues to be illegally ped- ... over the Internet.

5-HYDROXYTRYPTOPHAN (5-HTP)

What it is: Made from a plant, 5-HTP is also formed when the body transforms the amino acid tryptophan into compounds such as melatonin (which helps regulate sleep) and serotonin (the brain's "feel-good" chemical). It is usually sold in capsule form.

Reasons for use: Marketed as an antidepressant, sleep aid, and treatment for obesity, migraines and PMS.

The risks: Side effects include nausea, vomiting and tremors. 5-HTP, a precursor of serotonin, might even be lethal if combined with serotonin-boosting antidepressants such as Prozac, cautions William Byerley, a professor of psychiatry at the University of California, Irvine. To add to concerns, several batches of 5-HTP sold at health-food stores in 1998 were found to be contaminated with "peak X," an impurity that has been linked to eosinophilia-myalgia syndrome (EMS), a debilitating, incurable disorder that can cause paralysis and death. In 1989, 1,500 people who took supplements of L-tryptophan contaminated with peak X developed EMS, and thirty-eight died.

DIETER'S BREWS

What they are: Herbal teas containing senna, aloe, buckthorn, cascara and other plant-derived laxatives.



Reasons for use: To promote weight loss and cleanse the body.

The risks: According to the FDA, the health risks are greatest with prolonged steeping or excessive drinking of the teas, few of which are clearly labeled as laxatives. Reactions include cramping, nausea, vomiting, chronic diarrhea and laxative dependency. In rigorous dieters and women with anorexia or bulimia, dieter's teas can cause electrolyte imbalances, leading to dangerous dehydration and an erratic heartbeat. By 1995, dieter's teas were suspected of having contributed to the deaths of at least four young women with eating disorders. At *(continued)*



There is a new ingredient you should look for when you shop for Sun Protection Lotions: **Parsol®1789**. It blocks the previously unstoppable part of the **UVA1** spectrum, which is responsible for long term skin damage and premature aging. Seen by dermatologists as an important supplement to traditional sunscreens, this patented ingredient is absent in most brands presently sold in America.

Ocean Potion® advanced formulas combine Parsol 1789 *plus* the traditional UVA/UVB inhibiting compounds with Anti-Oxidant Vitamins A, C & E and Seaplant Extracts to provide the most complete sun protection ...

(Continued)

first entry in FDA advisory panel recommended warning labels on such products—a proposal still under evaluation.

COMFREY

What it is: A leafy plant sold as teas, tablets, tinctures, poultices and creams.

Reasons for use: To stimulate healing of wounds, ranging from cuts, bruises and burns to bleeding gums and stomach ulcers.

The risk: Comfrey contains pyrrolizidine alkaloids (PAs), well-documented toxins that may cause liver and pancreatic tumors. Oral formulations of comfrey have been linked to hepatic veno-occlusive disease, a condition in which veins leading to the liver become blocked, leading to cirrhosis (or scarring) of the organ. The risk is greatest when the herb is used for long periods of time, but repeated short-term use could have cumulative effects. Topical preparations may be safe, but one study found that when applied to the skin of rodents, PAs were detected in the animal's urine. "It is possible that some PAs can pass through the skin, moving into the bloodstream and to the liver," says Ara Paul, professor of pharmacognsy at the University of Michigan in Ann Arbor. "No one knows what the cumulative effects could be." The German government cautions against using topical preparations of comfrey for longer than four to six weeks.

CHAPARRAL (also known as creosote bush or greasewood)

What it is: Twigs and leaves from the desert shrub *Larrea tridentata*, which may be sold as teas, capsules, tablets or tincture.



Reasons for use: Promoted as a "blood purifier," cancer cure, anti-aging remedy and acne treatment.

The risks: Chaparral's alleged anticancer benefits have not been confirmed in humans, and some studies even suggest it promotes more cancers than it thwarts. Still more worrisome, chaparral has been linked to at least thirteen cases of liver disease, which is often characterized by jaundice. One thirty-three-year-old woman took fifteen tablets daily for five months in the belief that it would improve a benign lump in her breast. She developed such severe hepatitis that she required hospitalization. (Her condition cleared up after she stopped taking the pills.) Though many cases of chaparral-induced liver disease have been reversible, some have resulted in permanent liver damage. In 1992, the FDA issued a warning about chaparral's potential toxicity, causing many distributors to recall the products from store shelves. But since then, the herb has quietly crept back onto the market.

LOBELIA (also known as Indian tobacco)

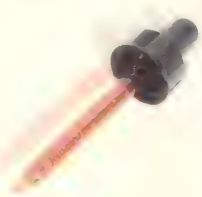
What it is: The dried leaves of a plant used in chewing gums, tablets, lozenges or rolled for smoking.

Reasons for use: Marketed as a stop-smoking aid and for the treatment of asthma and bronchitis.

The risks: At low doses, lobelia opens bronchial passages and aids breathing, but it may also cause a rapid heart rate. One of the main risks, says Steven Foster, co-author of *Tyler's Honest Herbal* (The Haworth Herbal Press, 1999), is that it may take users by surprise. "Lobelia works quickly, and as the lungs clear, it could lead to choking." At higher doses, lobelia can induce severe vomiting and cause respiratory depression and hypotension. Lobelia is particularly dangerous to children, pregnant women and people with heart disease.

PENNYROYAL

What it is: Leaves and flowers from two plants in the mint family, which are sold as a dry herb extract, oil or tincture.



Reasons for use: To treat colds, headaches, stomach upsets and for dressing wounds. Pennyroyal also has a reputation for stimulating menstrual flow—a common euphemism for its alleged ability to induce abortions.

The risks: Though there are more than a dozen reports of adverse reactions to the herb, "Pennyroyal is probably more dangerous than it has been reported," Foster says. Pennyroyal oil is particularly harmful, since about 90 percent of it is made of pulegone, a substance that is highly destructive to the liver. The oil should never be taken internally, but some women have taken it in an effort to terminate a pregnancy. This could have disastrous results—just two tablespoons of the oil were enough to kill a pregnant eighteen-year-old woman, even though she received prompt medical treatment. Pennyroyal tea, which contains only tiny amounts of the oil, may be safer, but recent reports show that it does pose some risks. A 1996 report found that two infants suffered multiple organ failure when their mothers fed them pennyroyal tea. One recovered after two months of hospitalization; the other died. ■

Kathleen McAuliffe is a regular contributor to Ladies' Home Journal.

For more information on herbal remedies, check out *Tyler's Honest Herbal*, by Steven Foster and Varro E. Tyler, Ph.D. (The Haworth Herbal Press, 1999), and *The American Pharmaceutical Association Practical Guide to Natural Medicines*, by Andrea Peirce (William Morrow, 1999). To report adverse reactions, call 800-332-1088.



The height of sweetness

By Catherine Fredman

HOW TO

PERFORM THE HEIMLICH MANEUVER—ON YOURSELF



If you start choking on food while you're alone, you've got about two minutes to act. First call 911—even if you can't speak, most 911 systems can trace you to your address—then take your life into your own hands:

1. If you think you can give yourself a good, strong sock in the stomach, make a fist with one hand and place it thumb-first against your abdomen, just above your belly button.



2. Cover the fist with your other hand and thrust your fist inward and upward sharply and strongly. Do this several times if necessary.

3. If food doesn't dislodge, place a straight-backed chair against a wall or in a corner with the back facing you. Or find a countertop, staircase railing, table edge or even a stove or piano with a definite edge that hits just above your belly button.

4. Grip the chair, then quickly and firmly thrust your body weight onto the edge just above your belly button with as much force as you can muster. This rapidly increases the pressure inside the chest and forces the object up and out of your airway.

HOW TO

CLEAN A FISH

It takes Dave Teufel, a spokesperson for L.L. Bean's fishing department and an amateur fishing guide, just about two minutes to trim up a trout and three minutes more for a salmon. Here's how you can, too:

1. ANCHOR the tail with one hand and run a scaler or knife from tail to head with the other, using short, firm strokes to scrape off the scales. (If you're using a scaler, hold it perpendicular to the fish; if you're using a knife, hold it at a slight angle.)

2. INSERT the tip of a sharp knife into the vent, the little hole right near the anal fin. Slice the skin in a line up the belly to just past the gills.

3. PULL out the gills and remove the viscera. Rinse out the cavity with cold water.

4. RUN your thumbnail along the thin black streak that runs up the backbone from tail to head inside the cavity to break apart the bloodline (or spine), then rinse once more.

HOW TO

TELL A JOKE

The secret to telling a joke well is confidence, says comedian **Elayne Boosler**. "If you believe the joke is funny, you can sell it. You can actually convince most of the people a lot of the time." Still, a few tricks of the trade couldn't hurt:

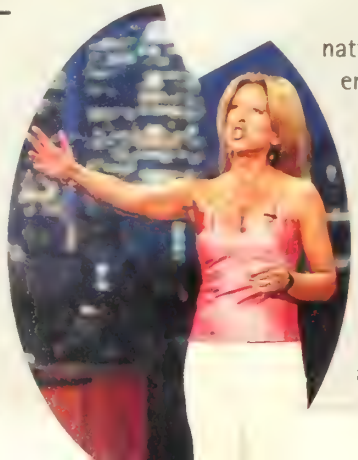
•Match your joke to your audience. Remember: You can't deliver a package if no one's home to receive it.

•Shorter is always better. While you're nattering on, your friends may be mentally erasing you from their wills.

•Don't get halfway through and then say, "Oh, wait, that's not it!"

•Don't keep repeating the punchline; you can only turn on the lights and yell "surprise!" once.

•Afterward, look the audience in the eye, stay calm and back away slowly—oh, sorry, that's what to do if you encounter a mountain lion.




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1 BIZILLION GRAMS
OF FLAVOR
NEW!
Wish Bone
Just 2 Good!
Italian
11 delicious flavors · Country Italian to Creamy Caesar. www.wishbone.com

IN THE NEWS

SKIP YOUR PERIOD, BOOST YOUR HEALTH?



A monthly period is simply a natural part of being a woman, right? Apparently not. Hard though it may be to believe, it is not medically necessary to menstruate monthly if you're on the Pill—and it might even be healthier not to.

For years, women have known that they could avoid their period for one cycle, when menses fell on a special occasion like a honeymoon, by skipping the seven placebo pills that are part of the 28-day pill regimen, and taking only hormone pills through two cycles. Now experts say there's no reason that a woman can't extend her cycle in this way even longer, so that she has a period only every three months or so.

Of course, there are the obvious perks: No bleeding, no cramps, no PMS. But there are other health benefits associated with skipping periods. Endometriosis sufferers have found relief by taking continuous doses of estrogen and progestin, present in the Pill, and doctors often recommend that anemic patients who use oral contraceptives take hormone pills consecutively to miss periods (and reduce overall bleeding). Further, research shows that having fewer periods may lower the risk of ovarian and endometrial cancers. According to experts, both diseases are more common than they once were because women today have more lifetime periods (since we don't spend as much time pregnant or breastfeeding as women used to).

Because breakthrough bleeding will eventually occur in most women, some doctors recommend taking the active pills until that happens, then taking a week off. Clinical trials may commence this year for a new regimen in which you take hormone pills for 84 consecutive days and then skip a week. Meanwhile, you must "consult your doctor first," stresses Patricia Sulak, M.D., an OB-GYN at Scott & White Clinic, in Temple, Texas, "before you deviate from your regular Pill schedule." —Nicci Micco

BODYBRIEFS

ASPIRIN POPPER?



Low doses of aspirin may prevent the most common form of stroke, but **high amounts can double the risk** of suffering from a particularly deadly type, according to a Harvard study. Experts recommend taking no more than 15 aspirin a week. Check with your doctor first.

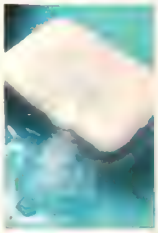
WITH A CHASER



In a recent study, women who had one alcoholic drink per day had a 24 percent greater chance of getting breast cancer than non-drinkers. But **drinkers who also took 600 mcg of folate per day** significantly cut that increased risk.

BROWN EYES BLUE Changing your eye color can be as simple as **ordering colored contact lenses online** without a prescription. But experts at the University of Texas Southwestern Medical Center say this growing trend among teens is not only illegal, it's dangerous. Ill-fitting contacts can cause an eye infection that might lead to blindness.

CONTAMINATION ZONE



Remember to clean handles on faucets with hot, soapy water, or wipe them clean with a sanitizing solution. A recent University of Arizona study found a whopping average of **229,000 germs per square inch** on frequently touched faucet handles.

—Melinda Leader


Amazing how
lifting just
8 ounces a day
can help keep
your bones strong.
Tropicana
PURE PREMIUM
CALCIUM
The best 9.3 seconds you could possibly spend on



Q I'VE HEARD THAT IT'S BEST TO AVOID EATING SPROUTS BECAUSE THEY MAY CONTAIN DANGEROUS BACTERIA, BUT I'VE ALSO READ THAT THEY HAVE MANY HEALTH BENEFITS, SUCH AS PROTECTING AGAINST CANCER. SHOULD I AVOID THEM?



A Eating sprouts *can* put you at risk for bacterial infection, says LeeAnne Jackson, Ph.D., a microbiologist at the Food and Drug Administration. Though packed with nutrients, raw sprouts have been implicated in thirteen *Salmonella* and *E. coli* outbreaks since 1995, prompting the FDA in August 1998 to advise that children, pregnant women, the elderly and those with weak immune systems steer clear. Last summer, continued outbreaks led the agency to extend that warning to everyone.

Bacteria residing on seeds proliferate during the sprouting process, says Robert Wick, Ph.D., a plant pathologist at the University of Massachusetts, in Amherst. In the combination of abundant nutrients and moisture used to grow the sprouts, bacteria can thrive.

Although alfalfa and clover sprouts have been to blame in most outbreaks, the FDA warnings don't preclude other types, including the broccoli sprouts that some researchers say may boost the body's levels of cancer-fighting enzymes. So unless you plan to cook your sprouts before eating, says Jackson, proceed at your own risk. —Mary Mertz

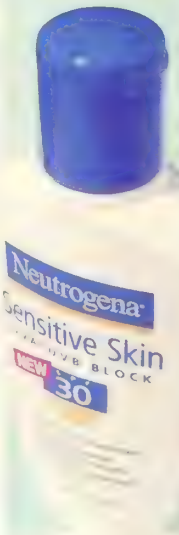
SUNSCREEN SAVVY

There's more to a good sunscreen than a high SPF. This rating refers only to a product's ability to block UVB rays, which cause sunburns. But UVA rays are the chief culprit behind wrinkling and other effects of photoaging; they also contribute to your skin-cancer risk. So look for at least one of these ingredients:

- *Avobenzone (Parsol 1789)* protects against all UVA rays. It may cause a rash, so do an overnight skin-patch test first.
- *Benzophenones* (oxybenzone and dioxybenzene) effectively absorb the shorter UVA rays but not longer ones. These may also cause a rash.
- *Titanium dioxide and zinc oxide* physically block both UVA and UVB rays, and are good for sensitive skin.

—Christine Many

Source: Deborah S. Sarnoff, M.D., a dermatologist in Manhattan





dental 911

What to do in a dental emergency? Here's a handy get-a-grip guide —Arricca Elin SanSone

BROKEN, CHIPPED OR CRACKED TOOTH:	Stop bleeding by applying direct, gentle pressure with a small piece of cotton, take an oral analgesic to relieve pain, and get to your dentist within two to three hours. If the fracture is not bleeding or painful, see your dentist at your earliest convenience.
KNOCKED-OUT TOOTH:	Timing is critical. Handle tooth only by the tip (crown), and avoid touching any attached tissue fragments. If possible, reposition in socket and hold gently in place, or submerge tooth completely in milk or lukewarm water. Get to your dentist within thirty minutes.
CHIPPED FILLING OR BROKEN CROWN:	Fillings may be repaired temporarily with drugstore kits, and crowns may be temporarily held in place with a dab of toothpaste. See your dentist as soon as possible.
GUM SWELLING OR ABSCESS:	Take an analgesic and see your dentist immediately. You probably have a bacterial infection, which can worsen rapidly and requires antibiotics. A warm compress may provide relief and help isolate the infection until you get to your dentist.

Source: Kimberly Harms, D.D.S., President of the Minnesota Dental Association and consumer adviser for the American Dental Association

Dearest Moon,

This is so hard. But I've made a decision—

I just can't see you anymore.

All those nights spent staring into your face...

I think we both knew all along that

it just wasn't right. It's not your fault.

It's me who's changed. And you...

you'll find someone else. You always do.

Good night.



m the makers of Tylenol comes a safe, non-habit-forming way
let a good night's rest. For a free sample, call 1-888-SLEEP-1-2.

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ALONE At Last

Nowadays, husbands and wives have trouble spending meaningful time together. Four busy couples tell us how they stay close **By Laura Muha**

TAG TEAM:
DWIGHT AND SHILA BURNEY

Shila, thirty-four, works from 7 A.M. to 4 P.M. Monday through Friday as a clerk for the Orange County, Florida, school system; Dwight, thirty-one, works from 5:30 P.M. to 5:30 A.M. Sunday through Thursday—plus alternating Fridays—as a driver for a food-distribution warehouse. The Burneys, who live in Orlando, agreed to the arrangement early in their five-year marriage, since they prefer not to leave their children—daughter Zané, four, and son Michael, ten months, and sons from previous marriages, Dwight Jr., eleven, and Sedaiile, thirteen—with a baby-sitter.

NO TIME TO TALK

SHILA: "On workdays, we see each other maybe an hour a day—thirty minutes in the morning and thirty in the evening. But even then, we're busy with other things—I'm making his lunch or dinner, he's getting the kids ready for school."

DWIGHT: "When I get home at 6 A.M., she's about to jump in the shower. When she gets home in the afternoon, I hear the garage door opening and it's my signal: Time to get ready!"

STAYING CONNECTED

DWIGHT: "Once a month, Shila and I leave the kids with friends and take a mini-vacation on Saturday night. We'll go out to dinner and stay overnight in a hotel nearby. The important thing is that it gives us time together. Shila would rather stay home and save money, but there are too many distractions—chores to do, errands to run. Or the phone starts ringing and I get upset when she answers it!"



SHILA: "On workdays, we try to squeeze out some quality time by talking to each other on the phone. I don't like to call Dwight during the day because he needs to sleep, but when he's working, he calls me. We mostly talk about little things—what the kids are doing, our plans for that weekend—but it makes us feel closer."

THE DOWNSIDE

DWIGHT: "The worst part of my work schedule is that I miss the things other people do as a couple: helping the kids with *(continued)*



ter four weeks of being closed
r business, the joint is jumping again.

oint pain has a way of shutting down a lot of the fun in life. It restricts your movements,
king you more sedentary and, in effect, older than your years. Whatever your age,
re too young for that.
licensed physical therapists provide hands-on examination and treatment of pains and aches
ne ankle, knee, hip, shoulder, neck and other joints and muscles, as well as back pain.
hey counsel on rehabilitation and the prevention of injury through exercise and proper body
chanics. And they administer treatment in the home, as well.
you're in pain, or know someone who is, call a licensed physical therapist. And for a
chure on physical therapy, call 1-800-955-7848.

Put your health in the hands of a Physical Therapist.

APTA
American Physical Therapy Association

www.apta.org

For more information, contact:
American Physical Therapy Association
P.O. Box 37232, Washington, DC 20013-7232
B-5

(continued) homework, putting them to bed."

SHILA: "When we're home, I tend to slack off on things around the house because I just want to spend [illegible]"

DWIGHT: "Sometimes, she'll start in on me because I'm lying around—when the reason I'm doing that is because I'm tired from working!"

WISH YOU WERE HERE

DWIGHT: "When I get home we talk for a few minutes, but by the time the conversation gets going, she has to leave. It would be nice if we could have breakfast together."

SHILA: "When the kids and I say our prayers before bed, our family is there except him. We pray for him. And I dream about him all night!"

"Some people say, 'I could never spend every minute of the day with the person I'm married to.' But I wouldn't have it any other way. If he wasn't around, I would miss him"

TOO MUCH TOGETHERNESS: NICOLE AND ERIK ZWILLINGER

As chefs and co-owners of the Fedora Cafe in Lawrenceville, New Jersey, Nicole, twenty-seven, and Erik, twenty-eight, say their problem is finding time apart. They've been running their bistro-style restaurant and catering company for almost two years, and most days, the couple, who have been married two years, are in the restaurant by 6 A.M.; many nights, they stay until 10 P.M., and sometimes as late as midnight.

DOWNTIME

ERIK: "We're together almost twenty-four hours a day, six or seven days a week. I'm in a dart league, so I go out once a week with my friends. I always ask Nicole if she wants to come—"

NICOLE: "But I always say, 'No thanks!' I need time by myself to recharge my batteries. I like to stay home and read."

QUALITY CONTROL

ERIK: "Even though we're around each other all day, we're dealing with problems that go with running a business, so it's not quality time—at least as far as the relationship is concerned. Home time is quality time, and we don't have enough of that. At night, we're so tired that we're not even in the house an hour before one of us falls asleep."

NICOLE: "It's made us get our priorities in order. For instance, a year ago, we decided that we didn't want to spend our time yelling at each other over chores, so we hired someone to clean."

TAKING A BREAK



ERIK: "Monday is our only day off, and we spend at least part of it together. Usually, we go out for breakfast. Then we run errands; sometimes we do them together, and sometimes on our own."

NICOLE: "I don't want to work this hard forever. When we have kids, I want to be able to stay home with them at least part of the time."

DEGREES OF SEPARATION

ERIK: "One of the hardest things about working together is that you can never really get away from work, because it's such a big part of both of your lives. We go home and what do we we wind up talking about? The restaurant. Sometimes we have to remind ourselves not to do that."

NICOLE: "The reverse is true, too. It's sometimes hard to keep relationship stuff where it belongs—outside of work. A couple of times, I've had to remind myself not to say personal things in front of employees."

WORK WITH ME

ERIK: "We rely on each other for help. If I have a problem with an employee, I'll ask her, 'What should I do?' We're partners, in the best sense of the word."

NICOLE: "He's my best friend, and it's a nice feeling to know that he's right there if I need him."

TOGETHER FOREVER

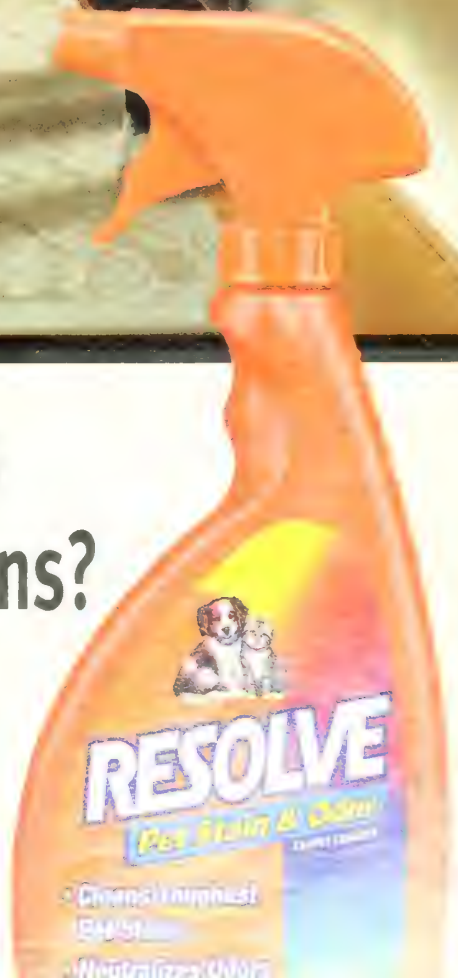
NICOLE: "Some people say, 'I could never spend that much time with somebody I'm married to.' But I wouldn't have it any other way. If he wasn't around, I would miss him."

ERIK: "Sometimes we joke about taking a mini-vacation from each other. For the first day, that might be okay, but after that, I don't know what I'd do without her."



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low with **RESOLVE® Pet Stain & Odor Carpet Cleaner**, there's never any son to worry. RESOLVE® isn't just a cover-up. Extra strength cleaners remove gh pet stains, while the patented odor inhibitors penetrate deep to neutralize ty odors that others might leave lingering. So when you think your pet stain blem is a little out of hand, **RELAX, YOU'VE GOT RESOLVE®.**



THE KIDS COME FIRST: LIANE AND DAVID LEMONS



David, thirty-five, is a corporate accountant; Liane, thirty-five, runs a wholesale book distributorship out of a guest cottage on their property in Boise, Idaho. But even when they're not working, the couple, married almost sixteen years, are usually heading in different directions as they shuttle their children—Kayla, twelve, Kara, eleven, and Matthew, nine—to soccer practice, music lessons and karate. "All too often, we put our kids' needs first," says Liane. "We tell ourselves that once they're gone—which I can't stand the thought of—we'll have plenty of time together."

THE DAILY GRIND

LIANE: "In the morning, he says good-bye when he leaves around seven o'clock, but I'm still asleep. In the evening, he gets home at five-thirty, but then our routine starts: I'm taking one kid to soccer, and he's taking another to karate. We usually have an hour of free time when we get home from running around, but by then we're exhausted."

FLEXTIME

DAVID: "More than a year ago, I started coming home to make her lunch. It gives us forty or fifty minutes together. We have soup and sandwiches, read the paper together, and figure out who's taking which kid where that evening. It's just nice to be together."

LIANE: "He's a golfaholic. A few years ago, I decided that if I was going to spend time wi him, I'd better pick up the sport. Fortunately, I real enjoy it. In warm weather, we play one day every wee end, which takes four or five hours. So even thoug we're not talking every minute, we're together—witl out the kids."

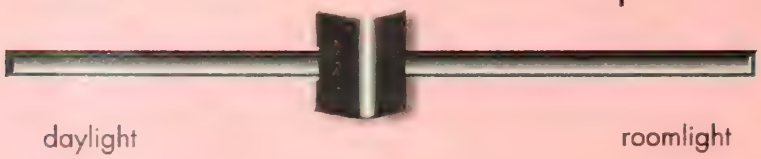
MORE OR LESS

LIANE: "I think we have enough time together. The fo years before we had kids, we did everything together, the point where we were almost sick of each other."

DAVID: "No matter how much time we have together, it never enough for me. My wife is my best friend, and noth ing beats being with her. Still, it's better than it was tw years ago; now that the kids are bigger, we don't have worry so much about being away from them."

Ask your dealer about our $5 MAIL-IN REBATE on select premium paints and stains available between June 15 and July 16, 2000.

We make it simple.



daylight roomlight



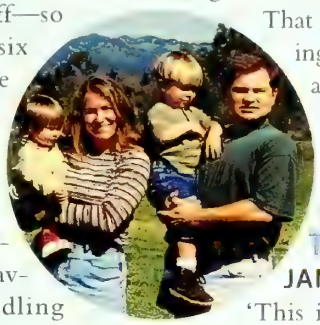
PRESENTING TH
3-D ROOM WITI
A VIEW™ TOOL.

Imagine being able to prev how your room color wi look in roomlight and dayli Benjamin Moore's Color Preview™ 3-D Room with a View™ tool does just tho A simple switch and you'll more confident about you choice before you paint. And speaking of paint, Benjamin Moore gives yo the superb quality you wa and your Benjamin Moor dealer will give you all th expert advice you need.

© Benjamin Moore & Co., 2000. All rights reserved. Benjamin Moore, Triangle M, Regal and Wall Satin are registered trademarks of Benjamin Moore & Co. We make it simple. You make it beautiful., 3-D Room with a View and Color Preview Studio are trademarks of Benjamin Moore & Co.

IN THE MOVE: JANE AND SCOTT ECHOLS

hen Jane, thirty-four, and Scott, rty-three, were preparing for their t child five years ago, they decided e would quit her job at a public re- tions agency to care for the baby, d do a little freelance consulting to p make ends meet. But her business expectedly took off—so e couple, married six ars, decided it made se for Jane to be the eadwinner. Now, e works twelve to urteen hours a day, and sometimes sev- days a week and trav- s frequently, handling rporate communications for tech- logy companies and overseeing of- es in San Francisco, Atlanta, Paris d London. Scott, a former quality- ntrol engineer at a pharmaceutical mpany, stays home in San Francisco ith son Aidan, four, and daughter nsley, three.



BUSY ALL THE TIME

JANE: "If I'm traveling, we don't see each other. Most months, I'm only away for a week, but in February and March, I was gone for three weeks each. And when I went to Asia a year ago, I was gone for a whole month. That was hard. If I'm not traveling, we spend between eight and twelve hours a week together, spread out over seven days."

IT TAKES TWO TO TANGO

JANE: "Last year, we said, 'This is horrible—we never see each other.' So we started looking for creative ways to be together. For our anniversary, Scott got us tango lessons, which are on Saturday mornings. We hire a sitter Friday night and go out to dinner; then the sitter stays overnight at the house and takes care of the kids while we go to the dance studio.

kids are older, we'll [illegible] Scott [illegible]

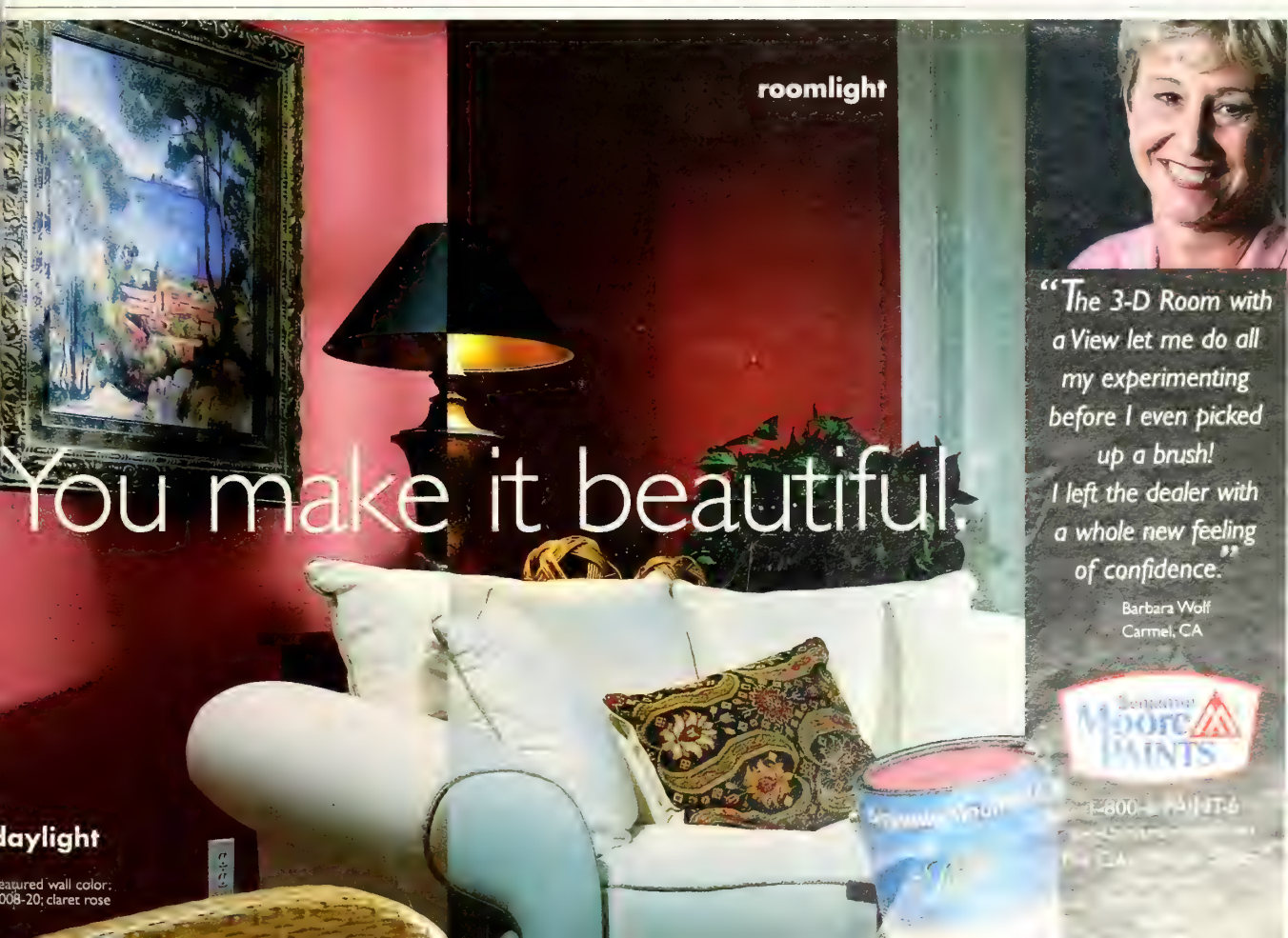
SCOTT: [illegible] talk on the phone every day, which takes some planning—if she's in Asia there may be only one hour when we're both awake at the same time."

JANE: "We tend to talk fast because the calls are expensive. We've also started E-mailing. It's fun getting an electronic love letter every day!"

WHO SWEATS THE SEPARATIONS

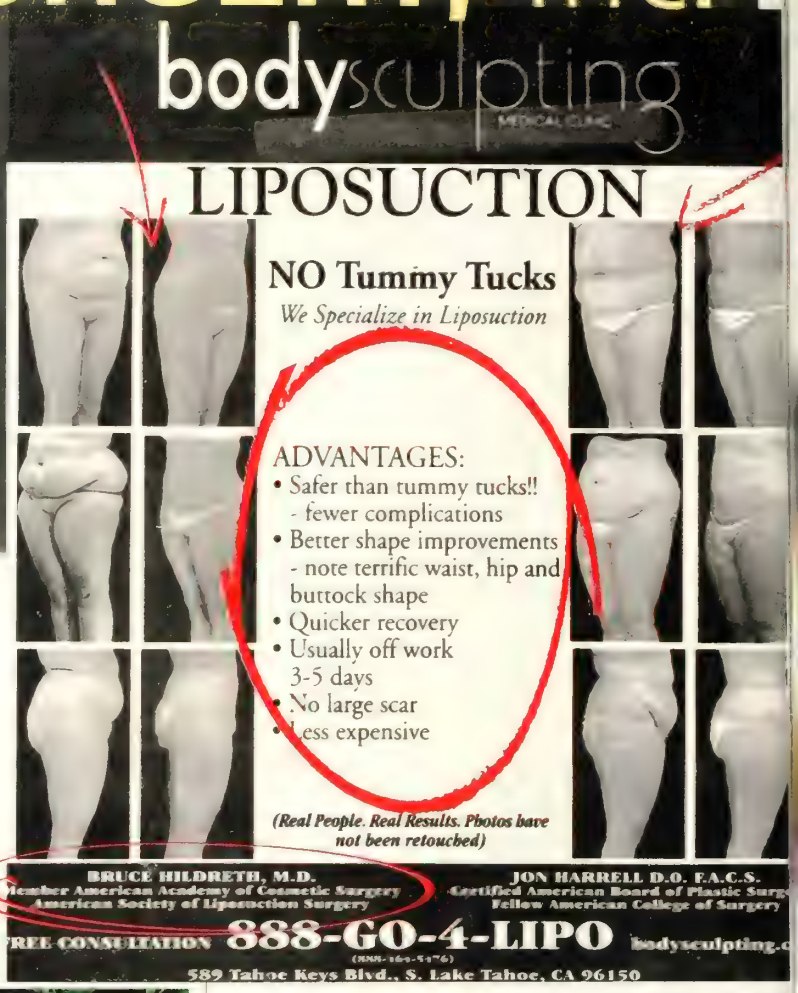
JANE: "Definitely me. I'm like, 'We're not spending enough time together!' He's more laid back."

SCOTT: "I tell her, 'This isn't a reflection of our relationship; it's just how life is right now. We'll have more time together in a couple of years when the kids are older.'" ■



Plastic SURGERY, Inc.

A growing number of cash-hungry doctors are hyping their credentials, offering steep discounts, even broadcasting surgery on the Internet to lure patients. An exclusive report on the new dangers of cosmetic procedures By Lisa Collier Cool



Thirty-seven-year-old Ellen Ross wanted thinner thighs. So in 1992, when she saw a newspaper ad for the Center for Cosmetic Surgery, in Fort Lauderdale, that said "Lose inches fast!" she made an appointment. Although the Coral Springs, Florida-based hair salon owner was already slim at five-foot-eight and 127 pounds, the doctor she saw, Leon Doyan, M.D., talked her into having her knees and buttocks done as well. "He said I'd look much better," she recalls. The hustle didn't stop there: About two weeks later, after Ross had been sedated prior to surgery, Doyan allegedly convinced her to have another procedure for an extra $500. "He looked at my breasts and said they were a six but he could make them a ten by injecting the fat he was removing into my cleavage," says Ross.



Dazed from the drug she'd been given, Ross, who had been happy with her 34C bust, said yes. When she saw the results, she was horrified. "I had lumps next to my breasts," she says. Doyan explained that he wasn't able to extract enough fat during the procedure *(continued)*

ANATOMY OF AN AD

This ad was identified as potentially deceptive by board-certified plastic surgeons who worked with California state senator Liz Figueroa, sponsor of the new law against dishonest advertising. (The ad appeared before the law took effect, so it wasn't illegal.) The experts pointed out the following: The ad downplays the risks of liposuction by proclaiming that it has a "quicker recovery [than tummy tucks]"; recovery time varies from person to person. And the statement "no large scar" is misleading, because scarring is unpredictable. The photos are also deceptive, because the ad never states that these results aren't guaranteed for all patients. Finally, the ad identifies Bruce Hildreth, M.D., as a member of organizations that aren't approved by the Medical Board of California. While this is not illegal, experts say it is misleading. On the other hand, the ad says Jon Harrell, D.O., is a board-certified plastic surgeon—the gold standard in cosmetic procedures.

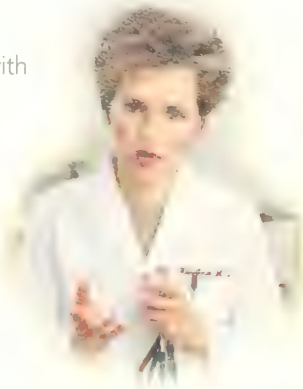
WHAT THE SKIN EXPERTS
for
MOISTURE AND SUN PROTE

New Cetaphil® Daily Facial Moisturizer SPF 15 with advanced sunscreen moisturizes and helps prevent premature skin aging.

To help your face look healthy and young, follow the advice of dermatologists. Use Cetaphil® Daily Facial Moisturizer with advanced sunscreen *every day* to reduce the appearance of fine lines and wrinkles.



New Cetaphil® Daily Facial Moisturizer moisturizes and protects your face from the sun's harmful UVA *and* UVB rays.



Helen [illegible] MD
Dermatologist

So, if you're *serious* about your face looking its best, try new Cetaphil® Daily Facial Moisturizer...*and see for yourself.*

Get serious. Get Cetaphil.

Cetaphil
daily facial moisturizer

NEW!

MANUFACTURER'S COUPON Expires 7/31/93

Save $1.00 on Cetaphil® Daily Facial Moisturizer SPF 15 with Parsol® 1789



CONSUMER: Limit one coupon per item purchased. This coupon good only on product indicated. DEALER: We will reimburse you face value plus 8¢ if submitted in compliance with Galderma Laboratories Manufacturer's Coupon Redemption Policy dated 10/92, available upon request. Consumer must pay sales tax.

Void only in USA. Send coupons to Galderma Laboratories, L.P., CMS Department 00020, 1 Fawcett Drive, Del Rio, TX 78840. Cash value 1/20¢. Void where prohibited or restricted.

42301

5 00299 [illegible] (8100)3

www.cetaphil.com

DERMA

and trademark rights for Parsol® 1789 are owned by Givaudan-Roure Corp.

Galderma Laboratories, L.P. [illegible]

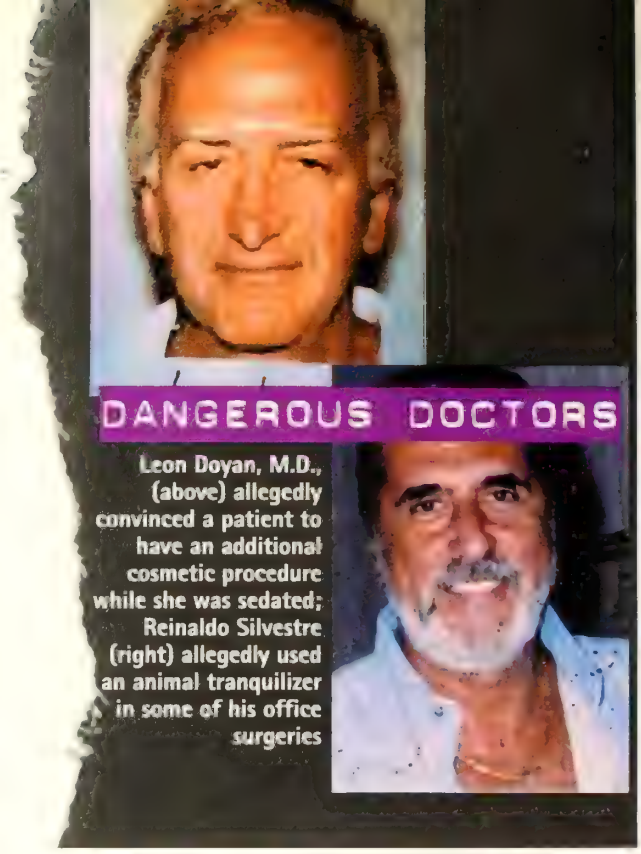
(continued) to finish augmenting her breasts, and offered to fix the problem with a $1,500 implant operation. Ross developed such a serious infection after the implant surgery that she needed a double mastectomy and eighteen reconstructive operations.

Ross, whose breasts are still scarred, sued and was awarded $1.8 million in 1996. But she never collected a cent. Nor did three other patients who sued Doyan for malpractice get the more than $1 million they'd won collectively, because Doyan, who had no malpractice insurance, declared bankruptcy. Ross takes some comfort, however, in knowing Doyan can't mangle anyone else, because his medical license was revoked in 1995 for fraud and for exploiting patients for financial gain. Doyan couldn't be reached for comment.

Today, plastic surgery is a booming business, and more and more patients like Ellen Ross are paying a high price. In 1998, nearly one million American women and about 100,000 men underwent cosmetic operations, twice as many as in 1992. Come-ons for plastic surgery are everywhere: newspapers, the Internet, even roadside billboards and bus stops. "There's a considerable amount of deception and outright fraud by doctors whose greed far exceeds their scruples and surgical skills," says Mark Gorney, M.D., past president of the American Society of Plastic Surgeons (ASPS) in Arlington Heights, Illinois, and medical director of The Doctors' Company, a Napa, California, medical malpractice insurer. "Patients pay with their looks, sometimes even their lives, because a slick ad lures them into the wrong hands."

According to the ASPS, nearly half of all cosmetic operations today involve more than one procedure, up from 37 percent in 1996. "We've seen cases where people were persuaded to have ten- and twelve-hour surgeries, even though the longer you're on the operating table and the more procedures you're having, the higher the risk of complications, including death," says Robert del Junco, M.D., past chair of the Medical Board of California, the Sacramento-based agency that polices doctors. A recent study by Gorney found that liposuction, which is often performed on several areas of the body at once, caused about seventy deaths between January 1997 and June 1998.

What's behind this alarming trend? Now that the managed-care industry has sharply reduced earnings in medicine, "cash-hungry doctors" from a variety of specialties are flocking to cosmetic surgery, which is usually not covered by insurance, says Jon Grazer, M.D., a plastic surgeon in Newport Beach, California. The competitive climate is intensifying: "When my father was a plastic surgeon fifteen years ago, he never advertised and had a two-year waiting list," he says. "Now, if you tell someone she has to wait two weeks for a tummy tuck, she'll go to the guy who will do the surgery $50 cheaper—or will throw in liposuction at half price."



Leon Doyan, M.D., (above) allegedly convinced a patient to have an additional cosmetic procedure while she was sedated; Reinaldo Silvestre (right) allegedly used an animal tranquilizer in some of his office surgeries

MISLEADING MARKETING

So pervasive have sleazy sales tactics become that California recently passed legislation to protect consumers from dishonest cosmetic surgery advertising. The new law, which took effect January 1, bans inflated credentials, false scientific claims, deceptive before-and-after pictures, misleading testimonials, and statements that downplay the risks and pain of procedures. (See "Anatomy of an Ad" on page 126.) Any physician who violates the law faces disciplinary action, ranging from warnings to fines to suspension or revocation of his medical license.

California doctors are prohibited from marketing themselves as "board-certified" unless they disclose *what* they're certified in. A doctor may say he's "board-certified" but may not mention that he's certified in general surgery or dermatology, not plastic surgery, a demanding specialty that requires three years of training in general surgery and two more in cosmetic and reconstructive techniques. It's not illegal, however, for a doctor who is board-certified in another specialty—a urologist, even a psychiatrist—to perform cosmetic surgery, as long as he's honest about his credentials in his advertisements.

California also disallows the use of unapproved medical boards as credentials in plastic surgery ads. "There are nearly two hundred medical groups that 'certify' their members, yet fewer than thirty are recognized by the American Board of Medical Specialties (ABMS) [medicine's most authoritative certifying body]," says del Junco. For instance, the average consumer is unlikely to distinguish between the American Board of Plastic Surgery, which is recognized by the ABMS, *(continued)*

HATE THE YEAST INFECTION.



LOVE THE TREATMENT.

Millions of women have discovered the difference with oral ucan® (fluconazole)— **the one and only sy oral treatment***



Oral Diflucan offers women something totally different: a prescription vaginal yeast infection treatment with no mess, just proven success. Simply take an oral tablet and you get a treatment that's as effective (69% clinical cure rate) as 7 days of Monistat® 7 or Gyne-Lotrimin® (72% clinical cure rate).† Plus, Diflucan provides the confidence of the #1-prescribed treatment—more than 12 million prescriptions and counting.‡ In clinical studies, the most common side effects associated with Diflucan were headache (13%), nausea (7%), and abdominal pain (6%). With Diflucan, there is the possibility of an increased risk of side effects compared with creams. To prevent heart-related complications, do not take Diflucan if you are taking Propulsid®. In rare instances, serious effects on the liver and serious allergic reactions were reported. Do not take Diflucan if you are nursing. If you are pregnant or taking other medications consult your doctor.

SS YOUR CREAMS GOOD-BYE.

Diflucan 150 mg
fluconazole tablet

more information, call 1-888-4-DIFLUCAN or visit our website at www.diflucan.com
vaginal yeast infections due to the yeast called *Candida*.

nerica National Prescription Audit as of April 1999.

id (cisapride) is a registered trademark of Janssen Pharmaceutica.

Please see important product information on adjacent page.

Diflucan 150-mg

for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Di-flū-can), fluconazole (flū-con-ə-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to *Candida*.

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is *Candida*?

Most yeast infections are caused by a type of fungus called *Candida*. It is normal for the *Candida* yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to *Candida*.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines. Do not take DIFLUCAN if you are taking the medicine cisapride (Propulsid).

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet that is taken by mouth. Most patients can expect to see the beginning of symptom relief within 24 hours of taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms will gradually lessen and eventually disappear.

DIFLUCAN can be taken anytime—day or night, with or without meals. You should take it as soon as possible, by mouth, to ensure the earliest relief. If the symptoms have not started to go away within 3 to 5 days, you should contact your doctor or other healthcare professional.

Possible side effects

In US clinical studies of 448 patients taking a single dose of DIFLUCAN for vaginal yeast infections, the most common side effects reported were headache (13%), nausea (7%), and stomach pain (6%). Other side effects reported were diarrhea (3%), indigestion (1%), dizziness (1%), and changes in the way food tastes (1%). Overall, 26% of patients taking DIFLUCAN reported side effects, compared with 16% of 422 patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points:

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about all the medicines you are taking—prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), cisapride (Propulsid), astemizole (Hismanal), rifabutin (Mycobutin), tacrolimus (Prograf), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to *Candida* has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

Pfizer U.S. Pharmaceuticals

FC345A99 © 1999, Pfizer Inc Revised June 1998

PLASTIC SURGERY, INC.

Continued

and the American Board of Co[s]
Surgery, which is not. In add[i]
medical societies have different [c]
for membership. "The ASPS re[q]
members to be board-certified [a]
surgeons, but the American Ac[a]
of Cosmetic Surgery (AACS) [d]
not," says del Junco. The AA[S]
open to any doctor who has com[p]
a residency (or is currently doing [a]
performs or has an interest in co[s]
surgery, and pays annual dues ra[n]
from $100 to $620.

Leah Carlson, forty-two, a fo[r]
medical lab technician in South [L]
Tahoe, California, never quest[i]
the credentials of Bruce Hild[r]
M.D., a board-certified emerg[e]
room doctor who became a lip[o]
tion specialist. "He had certifica[t]
his office from the American Ac[a]
of Cosmetic Surgery and the Am[e]
Society of Lipo-Suction Sur[g]
(ASLSS)," says Carlson. (The ASL[S]
an AACS subgroup that sends a c[e]
cate to any licensed doctor who[s]
the membership fee and has tak[e]
approved course in liposu[c]
lasting at least fourteen hours. [B]
Carlson didn't know the deta[i]
Hildreth's training. He told *L[a]*
Home Journal that he learned lip[o]
tion in 1993 "from a certified obs[t]
cian-gynecologist who had go[t]
several AACS courses and had [m]
hands-on experience." In additio[n]
took a liposuction workshop spon[s]
by the AACS, and attended sem[i]
So on June 9, 1995, Carlson paid [H]
dreth $3,300 to remove fat from
thighs and buttocks.

When the surgery failed to pr[o]
noticeable improvement on Car[l]
who is five-foot-ten and wei[g]
about 200 pounds at the time, Hil[d]
offered to do a second procedure
months later, for free. In a deposi[t]
Hildreth says he told Carlson tha[t]
cause the first procedure didn't see
work, he wasn't optimistic abou[t]
second one. His only recommend
was to use a large cannula (fat-su[c]
device), but there could be comp[l]
tions, according to the deposition.
results were gruesome, says Car[l]

knees were painfully swollen, and I took a bath, skin peeled off my hs. I ran out of the bathroom ming," she recalls.

ildreth treated Carlson for a th at his office with antibiotic m and drained fluid from her legs a syringe. Her condition didn't n to be improving, so Hildreth Carlson to Gregory Ginn, M.D., ocal board-certified general eon. "She had dead, black skin had lost its blood supply, and ntic seromas," a complication that rs when fat removal leaves gaps ween skin and muscle that fill body fluid—"several liters" of it Carlson's case, says Ginn. Experts this complication can occur eavy patients.

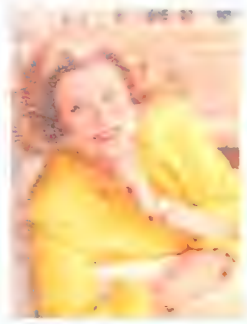
lthough Hildreth says he paid n and one other doctor to do three air operations, he now contends these surgeries were "overaggres-" and unnecessary. "I overworked tissues with an aggressive cannula," Hildreth, "but I believe she would e healed well with minimal scar-. Now she has twenty-inch scars." n denies disfiguring Carlson. "Dr. dreth wasn't properly trained to form liposuction," he says.

nitially, Carlson didn't consider su- Hildreth because he gave her some ,000 to help pay for her medical s and compensate her for the loss of ome during her recovery. By the e she called an attorney, her state's -year statute of limitations had run . Carlson filed a complaint with the e medical board, which conducted investigation. In a letter to Carlson, medical board stated that Hildreth uld no longer use the large cannula had worked with on her. No disci- nary action was taken. In late 1999, ldreth retired. Today, Carlson has adful scars and is unable to work at r former job because of painful elling in her legs.

Thirty-three-year-old Jeanette rnal, a Miami Beach, Florida, social rker, was also misled by question- le credentials. Dazzled by legitimate- oking medical diplomas she saw in einaldo Silvestre's office—and his im to be so *(continued on page 134)*

Dreaming of quiet cafés, the [illegible]
or a walk along the Seine?
Paris is where you belong...

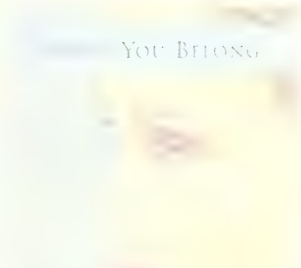
ENTER THE
BARBARA TAYLOR BRADFORD
WHERE YOU BELONG
SWEEPSTAKES



You could win a trip for two to PARIS
from Ladies' Home Journal and Doubleday

GRAND PRIZE

A fabulous 4-day/3-night getaway to Paris
Including round-trip airfare, accommodations for two and $500 spending money



Each first-prize winner will receive an autographed copy of Barbara Taylor Bradford's latest book, "Where You Belong," and the three-volume home video collector's set of "A Woman of Substance"

BARBARA TAYLOR BRADFORD

Each second-prize winner will receive the three-volume home video collector's set of "Hold the Dream"

"A Woman of Substance" and "Hold the Dream" collector's sets made available by Acorn Media at www.acornmedia.com

TO ENTER

Send your name, address and phone number to: Ladies' Home Journal "Where You Belong" Sweepstakes, P.O. Box 9230, Medford, NY 11763-9230. Winners will be selected from all entries received in a random drawing. See page 200 for rules and entry details.

YOU MUST ENTER BEFORE [illegible]



Important Safety Information: EVISTA is for the prevention and treatm of osteoporosis after menopause. EVISTA is not for everyone. If you are or still can become pregnant, are nursing, have severe liver problems, or have had blood clots that required a doctor's treatment, you cannot take EVISTA. An infrequent but serious side effect of EVISTA blood clots in the veins – being immobile for a long time may add to the risk. Other side effec

Lilly

Osteoporosis can take away health and independence

Fact: Up to half of all women over the age of 50 will break a bone due to osteoporosis in their lifetime.

rotect yourself with EVISTA.

e after menopause can be a time of new edoms, but it can also bring with it some reased health risks. One of these risks is eoporosis, a silent disease that may cause ctures, leading to a loss of mobility, dependence, and self-esteem.

VISTA prevents osteoporosis.

ISTA is a prescription edication for women after enopause who want to otect themselves from tting osteoporosis (thin, eak bones). EVISTA helps event osteoporosis by ilding bone and stopping the linning of bone.



Normal Bone*

VISTA treats osteoporosis.

VISTA is also for women fter menopause who have lready been diagnosed with steoporosis. It treats steoporosis by helping make ones stronger and less likely o break. By strengthening our bones, EVISTA can educe the risk of fractures. These fractures can rob ou of your health and independence.



Thin, Weak Bone*

While preventing and treating osteoporosis, EVISTA has other features:

Lowers cholesterol.
EVISTA lowers total cholesterol by about 7% and LDL ("bad") cholesterol by about 11%. It does not change HDL ("good") cholesterol.

No increased risk of breast cancer.
In clinical studies, women taking EVISTA had no increased risk of breast cancer.

EVISTA is easy to take.
Just take one tablet, once a day, at any time, with or without food.

Talk to your doctor or healthcare professional today to find out if you are at risk for osteoporosis and if EVISTA is right for you. For more information call **1-800-798-3169** *and read "Information for the Patient" on the next page.* ***See below for important safety information.***

Welcome to the age of

EVISTA
raloxifene HCl

rmal Bone (S4457F) and Bone With Osteoporosis (S4468F). *Photo Researchers Inc. Science Source - f. P. Motta. Dept. of Anatomy University "La Sapienza." Rome. Science Photo Library*

www.evista.com

ith EVISTA have usually been mild, and most women didn't find them serious enough to stop taking it he most commonly reported side effects were hot flashes and leg cramps. However, most women did not xperience these side effects while taking EVISTA. You may be at increased risk for osteoporosis if you are aucasian (white) or Asian, have a slender build, don't exercise, or have a family history of the disease. you don't get enough calcium and/or vitamin D in your diet, you should also take more supplements.

RA-16394 PRINTED IN USA

INFORMATION FOR THE PATIENT

EVISTA® (E-VISS-tah) Tablets

Important Information for Patients Using EVISTA for the Treatment and Prevention of Osteoporosis after Menopause

Read this information carefully before you start taking EVISTA tablets. It is also important to read this information each time you get your refills in case new information is available. This summary does not tell you everything about EVISTA. Talk with your doctor or pharmacist if there is something you do not understand or if you want to learn more about EVISTA. Be sure to talk with your doctor before you start taking EVISTA and during your regular checkups. Your doctor is your best source of information about this medicine. Always follow your doctor's instructions on how to take EVISTA.

What is EVISTA?

EVISTA is a prescription medicine used by women after menopause to treat or prevent a condition called osteoporosis. You should take calcium and vitamin D along with EVISTA if you do not get enough calcium and vitamin D in your diet.

EVISTA **treats** osteoporosis by helping make bones stronger and less likely to break. It helps **prevent** osteoporosis by helping tone and stopping the thinning of bone that occurs after menopause.

When a woman goes through menopause, her body produces less estrogen. One result of having less estrogen is that the bones of some women get thinner and weaker. This thinning of the bone is called osteoporosis. Osteoporosis can lead to broken bones (fractures). This is why women should learn what they can do to treat or prevent osteoporosis.

Your doctor may suggest other ways to help treat or prevent osteoporosis, in addition to taking EVISTA and getting calcium and vitamin D you need. These may include getting certain types of exercise, quitting smoking and drinking less alcohol.

Who should not take EVISTA?

- Your doctor has **not** told you that you have passed menopause. EVISTA is for use only by women **after menopause**.
- **you are pregnant or could become pregnant. EVISTA could harm your unborn child.**
- **you are nursing a baby. It is not known if EVISTA passes into breast milk or what effect it might have on the baby.**
- you have or have had blood clots that required a doctor's treatment. This may include clots in the legs, lungs or eyes. Taking EVISTA may increase the risk of getting these blood clots. While infrequent, these clots can cause serious medical problems, disability or death. If anyone in your family has a history of blood clots, or if you are now being treated for congestive heart failure or cancer, talk with your doctor about whether it is all right to take EVISTA.
- you have severe liver disease, unless your doctor says it is all right to take EVISTA.
- you are allergic to EVISTA or any of its ingredients. The active ingredient in EVISTA is raloxifene hydrochloride. See "**What else should I know about EVISTA?**" for a list of the inactive ingredients.

How should I take EVISTA?

Keep taking EVISTA for as long as your doctor prescribes it for you. EVISTA can treat or prevent osteoporosis only if you take it regularly. This is why it is important to get your refills on time so you do not run out of the medicine.

- Take one EVISTA tablet each day.
- EVISTA can be taken at any time of the day with or without food.
- To help you remember to take EVISTA, it may be best to take it at about the same time each day.
- Calcium and/or vitamin D may be taken at the same time as EVISTA.
- If you miss a dose, take it as soon as you remember. However, if it is almost time for your next dose, skip the missed dose and take only your next regularly scheduled dose. Do not take two doses at the same time.

What should I avoid if I am taking EVISTA?

Immobility

Being still for a long time (such as during prolonged travel or being in bed after surgery) can increase the risk of blood clots. EVISTA may add to this risk. If you will need to be still for a long time, you should talk with your doctor about ways to reduce the risk of blood clots. On long trips, you should move around periodically. You should stop taking EVISTA at least 3 days before a planned surgery or before you plan on being still for a long time. You should start taking EVISTA again when you return to your normal activities. (See "**What are the possible side effects of EVISTA?**")

Some Other Medicines

Always tell your doctor and pharmacist about all the medicines you are taking or start taking, including EVISTA. These include all prescription medicines as well as over-the-counter (non-prescription) and herbal medicines. Your doctor and pharmacist need this information to help prevent drug interactions that might harm you.

Some medicines that should not be taken with EVISTA are:

- any form of estrogen therapy that comes as a pill, patch or injection
- cholestyramine or colestipol

If you are taking warfarin or other coumarin blood thinners, your doctor may need to do a blood test when you first start or if you need to stop taking EVISTA. Names for this test include "prothrombin time," "pro-time" or "INR." Your doctor may need to adjust the dose of your warfarin or other coumarin blood thinner.

What are the possible side effects of EVISTA?

An infrequent but serious side effect of taking EVISTA is the development of blood clots in the veins. These blood clots can stop blood flow and cause serious medical problems, disability or death. Call your doctor right away if you have or have had any of the following signs of blood clots in the legs, lungs or eyes:

- leg pain or a feeling of warmth in the calves
- swelling of the legs, hands or feet
- sudden chest pain, shortness of breath or coughing up blood
- sudden change in your vision, such as loss of vision or blurred vision

Most of the side effects of EVISTA are mild and usually do not cause women to stop taking EVISTA. The most common side effects of EVISTA are hot flashes and leg cramps. Hot flashes are more common during the first 6 months after starting treatment.

If you have any problems or questions that concern you while taking EVISTA, ask your doctor or pharmacist for more information.

What else should I know about EVISTA?

Women who have hot flashes can take EVISTA. However, EVISTA does not treat hot flashes and it may cause hot flashes in some women. (See "**What are the possible side effects of EVISTA?**")

EVISTA has not been found to cause breast tenderness or enlargement. If you notice any changes in your breasts, you should contact your doctor to find out the cause.

EVISTA should not cause spotting or menstrual-type bleeding. If you have any vaginal bleeding, you should contact your doctor to find out the cause. EVISTA has not been found to increase the risk for cancer of the lining of the uterus in clinical studies. EVISTA did not increase the risk for breast cancer.

EVISTA lowers total cholesterol by about 7% and LDL ("bad") cholesterol by about 11%, on average. It does not change triglycerides or HDL ("good") cholesterol.

Call your doctor if you become pregnant while taking EVISTA.

Keep EVISTA and all medicines away from children. In case of overdose, call your doctor, hospital or poison control center right away.

Medicines are sometimes prescribed for purposes not listed in this patient information. EVISTA has been prescribed just for you. Do not share your medicine with anyone else even if she has a similar condition. Her doctor should decide if EVISTA is right for her.

If you have any questions, ask your doctor. If you want to read more about EVISTA, ask your doctor or pharmacist to give you the information on EVISTA written for health professionals. The EVISTA web site (www.evista.com) also has this detailed information.

Inactive ingredients: anhydrous lactose, carnauba wax, crospovidone, F D & C Blue No. 2 aluminum lake, hydroxypropyl methylcellulose, lactose monohydrate, magnesium stearate, modified pharmaceutical glaze, polyethylene glycol, polysorbate 80, povidone, propylene glycol, and titanium dioxide. EVISTA does not contain enough lactose to cause symptoms in women who have lactose intolerance.

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EVISTA® (raloxifene HCl)

PLASTIC SURGERY, INC.

Continued from page 131

skilled at breast augmentation that models and actresses had been coming to him for twenty-two years—she paid him $3,000 to enlarge her breasts, which had become smaller after breast-feeding. After her June 1998 surgery, "My nipples were pointing straight down," she says. In addition, her wounds wouldn't heal. Promising to fix the damage, Silvestre performed five more operations, leaving huge scars. Bernal turned to a medical malpractice lawyer, Spencer Aronfeld, who made a shocking discovery: Silvestre wasn't licensed to practice *any* kind of medicine. Bernal and three other horribly butchered patients are suing him for at least $1 million each. Silvestre has disappeared; police are searching for the fake surgeon who allegedly used an animal tranquilizer in some of his surgeries.

DOCTORS WHO DISCOUNT

Jacqueline Lewis, thirty-six, a cashier in Oakland Park, Florida, wanted her size 44DD breasts reduced, but was nervous about having surgery and worried about its cost. To overcome her hesitancy, the Florida Center for Cosmetic Surgery, in Fort Lauderdale, besieged her with discount offers. "One of the staff members gave me a price of $6,500," recalls Lewis. "I told them I needed to think it over. First they sent a letter saying they had a weekend special for $5,000, then they sent a second letter a week later knocking the price down to $4,500."

Although the reduced rate was still costly for Lewis, she decided to go ahead with the surgery on March 12, 1999. After the bandages were removed two weeks *(continued)*

SMART WAYS TO FIND A CERTIFIED PLASTIC SURGEON

GET RECOMMENDATIONS Talk to doctors you trust and friends. For a list of local board-certified plastic surgeons, call the American Society of Plastic Surgeons at 800-635-0635 or visit their Web site: www.plasticsurgery.org.

VERIFY THE DOCTOR'S LICENSE Your state's medical board can tell you whether a doctor has a valid license, has been disciplined or has paid any malpractice judgments.

INVESTIGATE THE OPERATING ROOM If you're having office surgery, make sure the office has passed an inspection by an organization such as the Accreditation Association for Ambulatory Health Care (847-676-9610).

CHECK ON HOSPITAL PRIVILEGES This means your doctor can admit you to a hospital in the event of a complication, and that a panel of peers has approved his credentials.

INQUIRE ABOUT EXPERIENCE A seasoned doctor may be able to master a new technique after doing it a few times, but a new doctor may need more experience.



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RETINOL (VITAMIN A)
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later, Lewis recalls, "I asked the doctor [Leonard Tachmes, M.D., a board-certified plastic surgeon] why there were scabs where my nipples should be and why my breasts were so small. I couldn't fill a 36C bra—my goal—or even a B." According to Lewis, Tachmes said that because her breasts were so big, he had to remove her nipples and "relocate" them. What Tachmes *didn't* tell Lewis was that the graft had failed, causing the loss of her nipples, she says. According to Robert Spector, Lewis's attorney, Tachmes hadn't done a nipple graft since he was a plastic surgery resident six years earlier. Embarrassed and angry, Lewis sued and received a $115,000 settlement in February 1999. Through his lawyer, Oscar Marrero, Tachmes said he "had an expert who would have testified at trial" that Lewis's surgery "was within the standard of care."

A CARNIVAL ATMOSPHERE

Some doctors are experimenting with bold new marketing strategies to attract patients. Richard Mattison, M.D., a board-certified plastic surgeon in Atlanta, offers cash-strapped patients an easy payment plan through thatlook.com, a cosmetic surgery marketing and finance company that promotes financing with payments as low as $38 per week. This Stroudsburg, Pennsylvania firm, which has enrolled about 105 cosmetic surgeons but expects to have 1,500 signed up by year's end, has proved a major source of revenue for Mattison, who gets 10 to 15 percent of his patients through thatlook.com. Prospective patients who pass the credit check are referred to doctors in their area who have paid fees ranging from $2,500 to $10,000 to become thatlook.com providers.

"I may be a dinosaur, but I don't think a warm body and a credit card are all a patient needs to qualify for cosmetic surgery," says Gorney. "It's wrong to have a finance company referring people to doctors, because the doctor knows if he turns away too many of these patients as poor surgical risks, he won't get any more referrals." Mattison, however, says that in the past, when he worked with a different financing company, he turned down patients on medical grounds and suffered no decline in referrals.

In another marketing ploy, cosmetic surgery is being auctioned off on the Internet. In February, Huntington Beach, California–based MedicineOnline launched www.medicineonline.com, where consumers can put their cosmetic, foot or vision surgery up for bid. Interested doctors can respond with their credentials and a price quote. "This trivializes cosmetic surgery, which has significant risks," says James Wells, M.D., a plastic surgeon and ASPS spokesman in Long Beach, California.

Cosmetic surgery is even being performed live on the Internet. A doctor has teamed up with the producer of online pornography sites to launch onlinesurgery.com. So far, at least eight operations on women have been broadcast from the Newport Beach, California, office of Michael Elam, M.D., an ear, nose and throat physician whose license was revoked in 1990 for insurance fraud but was recently reinstated. The site also offers a contest for a free operation. Elam says that cybercasting cosmetic surgery "allays patient anxiety."

SAFER SURGERY?

Lawmakers in several states are working to make plastic surgery safer. In June 1998, New Jersey passed a law mandating that doctors who perform office surgery have hospital privileges and that any deaths or injuries be reported. In Florida, the Board of Medicine has created stringent standards for office-based surgery. The new rules restrict the amount of fat that can be removed during liposuction and require that complications be reported to the state's Department of Health.

While such laws are providing much-needed protection for patients, experts would like to see more states crack down on deceptive cosmetic surgery practices. Says Gorney, "Some doctors have forgotten that we took an oath to first do no harm." ■

Transderm Scōp®
scopolamine 1.5 mg

Transdermal Therapeutic System

Programmed to deliver *in vivo* approximately 1.0 mg of s over 3 days

Brief Summary
(For full prescribing information, see package insert)

INDICATIONS AND USAGE: Transderm Scōp is indicated for p nausea and vomiting associated with motion sickness in adult should be applied only to skin in the postauricular area

CONTRAINDICATIONS: Transderm Scōp is specifically contra persons who are hypersensitive to the drug scopolamine or t belladonna alkaloids, or to any ingredient or component in the fo delivery system, or in patients with angle-closure (narrow angle

WARNINGS: Transderm Scōp should not be used in children ar used with special caution in the elderly See PRECAUTIONS.

Since drowsiness, disorientation, and confusion may occ use of scopolamine, patients should be warned of the possibil tioned against engaging in activities that require mental alertn driving a motor vehicle or operating dangerous machinery.

Potentially alarming idiosyncratic reactions may occur w therapeutic doses of scopolamine.

PRECAUTIONS

General: Scopolamine should be used with caution in patients obstruction, or urinary bladder neck obstruction. Caution shou cised when administering an antiemetic or antimuscarinic drug suspected of having intestinal obstruction.

Transderm Scōp should be used with special caution in th in individuals with impaired metabolic, liver, or kidney functions the increased likelihood of CNS effects

Caution should be exercised in patients with a history of sei chosis, since scopolamine can potentially aggravate both disor

Information for Patients: Since scopolamine can cause tempo of the pupils and blurred vision if it comes in contact with the ey should be strongly advised to wash their hands thoroughly wit water immediately after handling the patch. In addition, it is im used patches be disposed of properly to avoid contact with child

Patients should be advised to remove the patch immediate tact a physician in the unlikely event that they experience sy acute narrow-angle glaucoma (pain in and reddening of the ey panied by dilated pupils). Patients should also be instructed to patch if they develop any difficulties in urinating.

Patients should be warned against driving a motor vehicle o dangerous machinery while wearing the patch. Patients who these activities should also be aware of the possibility of withdra toms when the patch is removed. Patients who expect to pa underwater sports should be cautioned regarding the potentially ing effects of scopolamine. A patient brochure is available

Drug Interactions: Scopolamine should be used with care taking drugs, including alcohol, capable of causing CNS effec attention should be given to drugs having anticholinergic e.g., belladonna alkaloids, antihistamines (including meclizine) depressants

Carcinogenesis, Mutagenesis, Impairment of Fertility: No studies in animals have been performed to evaluate carcinogenic Fertility studies were performed in female rats and revealed no e impaired fertility or harm to the fetus due to scopolamine hyd administered by daily subcutaneous injection. In the highest-d (plasma level approximately 500 times the level achieved in hum a transdermal system), reduced maternal body weights were ob

Pregnancy Category C: Teratogenic studies were performed in rats and rabbits with scopolamine hydrobromide administere intravenous injection. No adverse effects were recorded in the r rabbits, the highest dose (plasma level approximately 100 times achieved in humans using a transdermal system) of drug ad had a marginal embryotoxic effect. Transderm Scōp should during pregnancy only if the anticipated benefit justifies the poten the fetus

Nursing Mothers: It is not known whether scopolamine is in human milk. Because many drugs are excreted in hum caution should be exercised when Transderm Scōp is adminis nursing woman

Pediatric Use: Children are particularly susceptible to the side belladonna alkaloids. Transderm Scōp should not be used in because it is not known whether this system will release an a scopolamine that could produce serious adverse effects in childr

ADVERSE REACTIONS: The most frequent adverse reaction to T Scōp is dryness of the mouth. This occurs in about two thirds of ple. A less frequent adverse reaction is drowsiness, which occu than one sixth of the people. Transient impairment of eye accom including blurred vision and dilation of the pupils, is also observe

The following adverse reactions have also been reported on i occasions during the use of Transderm Scōp: disorientation; me turbances; dizziness; restlessness; hallucinations; confusion, diff nating; rashes and erythema; acute narrow-angle glaucoma; and or red eyes

Drug Withdrawal: Symptoms including dizziness, nausea, headache, and disturbances of equilibrium have been reported patients following discontinuation of the use of the Transderm Scōp These symptoms have occurred most often in patients who have system for more than three days

OVERDOSAGE: Overdosage with scopolamine may cause diso memory disturbances, dizziness, restlessness, hallucinations, c psychosis, convulsions, bronchospasm and respiratory depres muscular weakness Should these symptoms occur, the Transde patch should be removed immediately, adequate hydration should tained, and appropriate symptomatic treatment initiated.

CAUTION: Federal law prohibits dispensing without prescription.

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The Transderm Scōp® patch is clinically proven more effective than Dramamine®*



Transderm Scōp is more effective and longer lasting than Dramamine**at preventing the nausea and vomiting of motion sickness. Just peel off the backing and press it behind your ear at least four hours before boarding and relax. The medicine is sistently absorbed for up to three days. You can even shower it. For shorter trips, remove the patch when no longer needed the effects wear off. ***In clinical studies, 5 out of 6 ople did not report drowsiness with nsderm Scōp.***

Ask your doctor about Transderm Scōp when you make your travel plans.
Not for children or those with glaucoma, difficulty in urinating, or an allergy to scopolamine or other belladonna alkaloids. In clinical studies, some side effects were noted, including blurred vision, dryness of the mouth (in two-thirds of users) and drowsiness (reported incidence less than 1 in 6). While using this product, you should not drive, operate dangerous machinery or do other things that require alertness. Avoid using alcohol. If you are elderly, your physician should exercise special care in prescribing this product. See adjoining page for additional information on potential adverse reactions or side effects.
Available by prescription only.

TRANSDERM SCŌP®
scopolamine 1.5 mg
Transdermal Therapeutic System

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www.transdermscop.com

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*Compared to Dramamine Original Formula (dimenhydrinate) tablets. **Based on labeled dosage

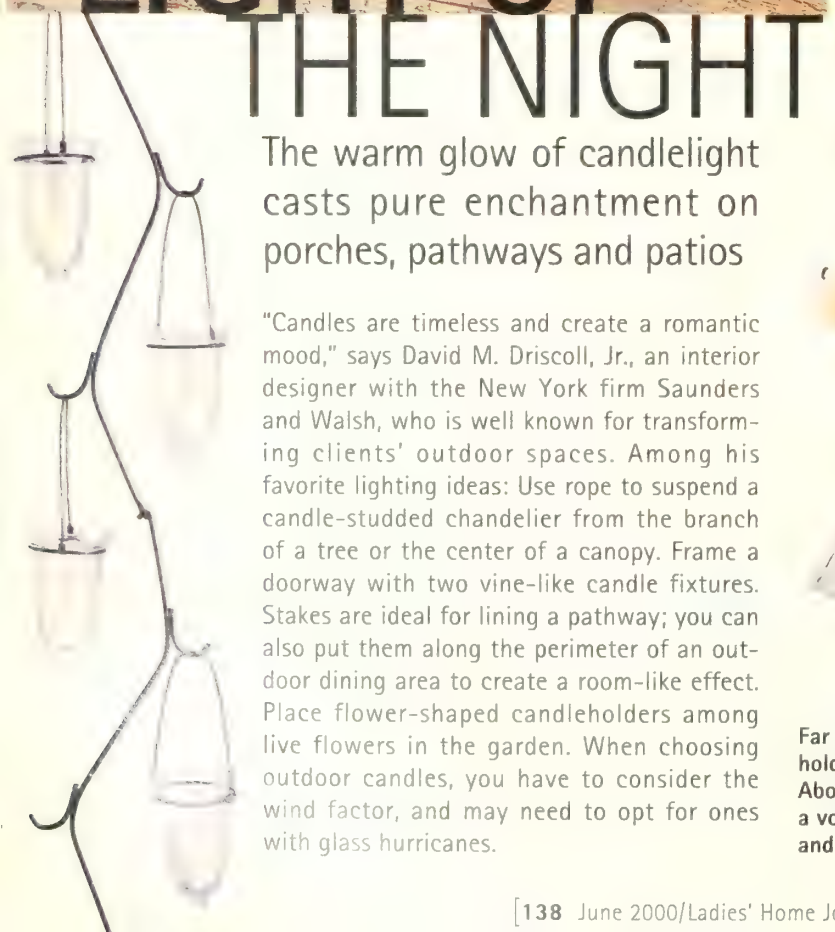


Left: An assortment of votives, lanterns and novelty candleholders. Right: A wrought-iron chandelier

LIGHT UP THE NIGHT

The warm glow of candlelight casts pure enchantment on porches, pathways and patios

"Candles are timeless and create a romantic mood," says David M. Driscoll, Jr., an interior designer with the New York firm Saunders and Walsh, who is well known for transforming clients' outdoor spaces. Among his favorite lighting ideas: Use rope to suspend a candle-studded chandelier from the branch of a tree or the center of a canopy. Frame a doorway with two vine-like candle fixtures. Stakes are ideal for lining a pathway; you can also put them along the perimeter of an outdoor dining area to create a room-like effect. Place flower-shaped candleholders among live flowers in the garden. When choosing outdoor candles, you have to consider the wind factor, and may need to opt for ones with glass hurricanes.



Far left: Teardrop-shaped holders hang like a vine. Above: A stake topped with a votive in a glass holder and a spiral-wrapped taper


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... thank goodness for
Don't face the allergy season without Kleenex
tissues, their three germ-blocking layers help keep germs

No Husbands ALLOWED



And no kids, either. Meet three groups of women who flee the daily grind every year for eagerly awaited female-bonding trips, replete with beauty treatments, shopping and girl talk **By Beth Brophy**

For years, men have taken to the road for golf or camping outings with their buddies. Now a growing number of women are carving out time for getaways with friends. For the women featured here, taking a break from the worries of jobs and families helps to recharge their friendships and their spirits.

FROM SIGHTSEEING TO SOUL-SEARCHING

Karen Hodge, an account coordinator at a public relations firm in New York City, has been getting away with five girlfriends since the 1970s—and each year, the trips get more exotic. The women have been to Bermuda, Hawaii, Italy, London, Greece and Turkey, and this year, they're aiming for two weeks in Spain.

Five of the women live in New York or New Jersey (one resides in Dallas), and most range in age from thirty-eight to forty-six (one is in her fifties). Two are married, four are divorced, and they all have children and work full-time. They know one another from childhood or from parties and barbecues.



No matter what is going on in their lives, the women drop everything for their annual trek. Because the vacations are far-flung, getting a good deal is essential; they case the Internet for bargains.

On their trips, the women may dance until two in the morning, and still wake up at six-thirty for sightseeing. "We don't act like middle-aged ladies," says Hodge. "We have fun." They also like to talk. The women exchange diet and exercise regimens, admitting that none are very effective. Sometimes they help each other overcome heartache: Six years ago, a group member came to the rescue when Hodge's long-term marriage broke up and her son started drinking. "She held my hand and pushed me to go into counseling," she recalls.

The women plan to keep traveling, and woe to anyone who tries to stop them. "It's a way to fill our cup, to restore ourselves," says Claudette Washington, forty-one, a newspaper circulation representative in Dallas. "We come back better employees, better moms. You travel with people you like, and leave the others behind." She means that literally. Her second husband was jealous of the getaways and didn't want her to go. "We had a short marriage—a year and a half," she says. "I gave up the husband, not the trips."

SURROGATE SISTERS

On a sunny Saturday in March 1998, *(continued)*

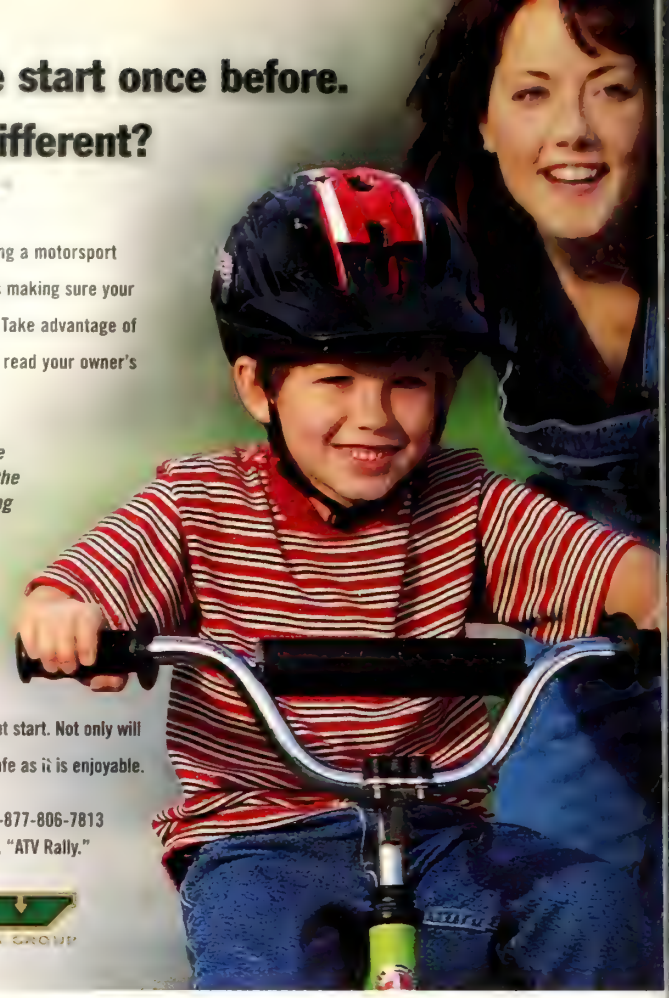

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It stirs the soul.™
Cappuccino
Coolers

You made sure he got off to a safe start once before.
Should an ATV be any different?

Heading out for a family ATV ride is great fun. But just like any other activity involving a motorsport vehicle, you need to respect your machine and be a responsible rider. And that means making sure your child knows how to ride responsibly too, now that he's old enough to operate an ATV. Take advantage of an approved training course where he can learn how to use his machine safely. Also, read your owner's manual and don't forget to follow this basic checklist before every ATV excursion:



- ☑ *Make sure your child is on the right size machine, which means if he's between the ages of 12 and 15, he shouldn't be riding anything larger than 90cc.*
- ☑ *Always dress him in a helmet and proper protective gear.*
- ☑ *Remind him never to carry passengers.*



So remember, all it takes is a little effort to get your child's ATV experience off to the right start. Not only will it be time well spent together, it will also go a long way to making sure every ride is as safe as it is enjoyable.

For more information, check out our web site at www.atvsafety.org, or call 1-877-806-7813 for training information or to order a copy of our interactive CD adventure, "ATV Rally."

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NO HUSBANDS ALLOWED

Continued

six women sat on the porch of a rented guesthouse in Lake Geneva, Wisconsin, sipping merlot and talking. The conversation jumped from former boyfriends to husbands, from the wild antics of their high-school years to those of their children. "There's nothing like being with old friends who know a lot about you," says Judie Taylor, thirty, a part-time manager of a truck dealership in Pewaukee, Wisconsin, and mother of a three-year-old.

For the past eight years, this group of childhood friends has reunited for an annual weekend getaway. Destinations are low-key: a bed-and-breakfast, hotel or resort a few hours' drive from home. The women bring food and wine to share, and the budget never tops $200 each. "We would be happy in a junky tent in the middle of nowhere, because all we do is talk," says Mary McCormack, thirty-one, a high-school teacher who lives in East Troy, Wisconsin. "We're like a pack of sisters," adds Beth Voet, thirty-one, a mother of two who lives in Combind Lock, Wisconsin.

The women often hang around in their pajamas or sweats until late in the day; evenings are reserved for spa time. While gabbing, they give each other facials, manicures or hair treatments.

No topic of conversation is taboo. Over the years, discussions have evolved from weddings to pregnancies to balancing jobs and family. Voet says the group helped her decide to quit her management job to stay home with her children. And the women help each other cope with tragedy, like the miscarriage Taylor suffered. "There was something comforting about their perspective that this happened for a reason," she explains.

Group activities take the women back to their youth. Six years ago, in Door County, Wisconsin, they went sledding. "We walked to the top of the hill, two at a time, and laughed all the way down," recalls Julie Friedman, thirty, a contract administrator for the Hyatt Corporation in Chicago and a new mother. "I felt so carefree, lik was back in high school again."

The group members' husbai support the women-away weeke and are happy to pitch in at hor Still, "We could easily come up w excuses for not making the trip," s McCormack. "But each trip i recommitment to our friendship."

SHOPPING AND SHARING

"Shopping is the theme, but the re is being together, just the three of u says Carol Mau, forty-one, about annual four-day excursion she tal every March with her sister Patri Butts, forty, and childhood frie Colleen Maiorana, forty. The th women, who live in suburban Detr have been best friends since jun high school, although they have sir acquired families and hectic schedule

The getaways started in 1993, wit weekend in Chicago, where the shc and-talkathon helped the women discover their inner teenagers. "V laughed so much we made a pact to

very year," says Butts. The women
ose nearby cities with low sales tax-
nd inexpensive airfares. Destina-
s have included Country Club
a in Kansas City and the Mall of
erica in Minneapolis.
rmed with wish lists—mostly for
nes, but also for makeup, house-
es and jewelry—the women turn
ng into an Olympic sport. They
v up when the stores open and are
out the door at closing time.
ometimes the women return to the
l and order pizza for dinner be-
e they're too pooped to go out.
r the purchases are modeled and
away and the women apply mud
ls, the pajama party talk turns seri-
Several years ago, Butts was torn
veen her job as a foreign currency
yst for Ford Motor Company and
needs of her two daughters. "We
erstood why this was such a diffi-
decision," says Maiorana, "and we
d to help Patricia see that staying
ne didn't make her less of a suc-
." Ultimately, Butts decided to stay
ne and do freelance consulting.



Sometimes, the conversation calls for celebration: Two years ago, in Atlanta, Mau announced that she and her husband were about to adopt a baby. "We were all crying with joy," recalls Butts. "We knew how much she and her husband wanted a child."

The group could shop near home, but they don't want to lose their special time together. "We hope to do this as long as we can walk," says Maiorana, who likes to tease Mau about the fact that she's older. "When it becomes necessary, we will push Carol around in her wheelchair." ■

Beth Brophy has written for TV Guide, USA Today and Washingtonpost.com.

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Re-Entering The Workforce

So you're ready to jump back into the job market after being home with your kids for the past five or ten or fifteen years? Here, some dos and don'ts from leading career counselors:

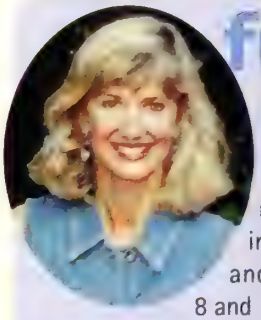
DO	DON'T
• Sharpen your skills. Read back issues of trade publications. Talk to former colleagues about what's new in your industry and how technology has changed the business.	• Underestimate what you've been doing. Make sure your updated resume includes skills that you've recently acquired through volunteer work and hobbies.
• Network. Invite people who have the kind of job you want to lunch to get the scoop on everything from salaries to work conditions, so when the time comes for an interview, you are fully prepared.	• Apologize for taking a hiatus. Assume that what you've been doing is perfectly acceptable and that the confidence and sense of responsibility you've gained makes you valuable in the workplace.
•Test the waters. A good way to reacquaint yourself with the work world is through temporary employment. Consider taking on a short-term assignment as a way to ease back in.	• Limit yourself to your old field or be afraid to try something new. Analyze what you did and didn't like about your former work. Consider how you can translate any new interests and skills into paid employment.

A WORKING MOTHER DEBATE

Should a woman who's pregnant (but not visibly) disclose her condition if she's up for a new job?

"Absolutely not," advises Steven Mitchell Sack, a New York City labor lawyer and author of *The Working Women's Legal Survival Guide*. Although it is illegal for an employer to consider pregnancy in hiring decisions, discrimination persists, and "most employers would rather not hire someone who's going to go on leave in six months," Sack says. What's more, "an interviewee shouldn't bring up personal issues that have nothing to do with her ability to do the job," says Sharona Hoffman, assistant professor at Case Western Reserve University School of Law, in Cleveland. Of course, a woman who will be going on leave needs to help her supervisor plan for her absence, but "it's premature to do that if you're not visibly pregnant," Hoffman says.

"It's best to be straightforward," says Libby Sartain, a board member of the Society of Human Resources Management, who thinks it is reasonable for an employer to feel deceived when a new hire hides personal information that could affect her job. Besides, employers hire for the long term, so the fact that a woman would be taking a maternity leave early on is unlikely to be a deal-breaker, says Toni Talbot, of Human Resources Management Services in Williamston, Michigan. Also, when a woman is open about her pregnancy, it shows consideration for the need to plan for her absence—and employers truly appreciate that. It may also make it easier to negotiate a maternity leave, which the company may not be required to give new employees.



full-time volunteer

Vital statistics: Lisa Rutherford, age 41, a former paralegal from Birmingham, Alabama. Married and a mother of two, ages 8 and 10. **Current commitments:** Volunteering. Since the birth of her second child, Rutherford has served as vice president of the Junior League and as president of the Birmingham YWCA; coordinated hospital fund-raisers; served on the board of a science museum; been the pack leader of a Cub Scout troop; been active in her church and her children's schools; and more. "At times, I've been busier as a volunteer than I ever was at a job," she admits. **Why volunteering beats a "real" job:** It lets Rutherford set her own schedule (obviating child care), exposes her to a broader mix of people than she would ever meet in an office and allows her to build her resume. **On the other hand:** "You don't get paid for it. But having a second paycheck isn't a priority for my family right now." **Bottom line:** "It's our responsibility to give back to our communities. I feel blessed to be able to."



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HILLARY NOW

IN THIS EXCLUSIVE INTERVIEW, THE FIRST LADY TALKS ABOUT THE CHALLENGES OF BEING A MOTHER, THE SURPRISES SHE DISCOVERED IN HER NEW HOME, AND WHY SHE'S REALLY RUNNING FOR THE SENATE

BY MEREDITH BERKMAN

"This is one of the great things about living in the White House," Hillary Rodham Clinton says a bit wistfully, indicating an enormous spray of yellow roses and chrysanthemums in the "East Sitting Hall." Later, walking through "The Center Hall," the long, elegantly decorated main hallway of the Clintons' private residence, we stop to admire a Mary Cassatt painting of a woman and two young children.

"Isn't it wonderful to live with that?" Clinton asks, smiling. "When we go to our house in New York [where the Clintons recently bought a $1.7 million Dutch Colonial in the wealthy Westchester suburb of Chappaqua], we take out our things and I think, 'Doesn't that look nice?' And then I come back here—and there's the Mary Cassatt."

Though her husband will remain in office until the end of January, Clinton is in a unique emotional limbo. She is prematurely nostalgic about her eight years at the White House because her post-presidential life is already under way: Last February, she formally announced she was running for the Senate from New York.

Clinton, who is waging a fierce campaign against New York City Mayor Rudy Giuliani, has been a cultural lightning rod for almost a decade, infuriating people on all points of the political spectrum. She has been criticized for putting her own political aspirations on hold to advance those of her husband. She's been demonized for functioning as a "co-president" with her ultimately failed attempt to overhaul the health-care system. She was publicly humiliated by her husband's affair with Monica Lewinsky. (Ironically, her approval ratings soared after the scandal broke, suggesting that Americans loved her when she seemed to be a victim.)

Now, she's being accused of using her high profile as First Lady to an unfair advantage in the Senate race. Her supporters counter that this is Hillary Clinton's time; she's finally stepping out from her husband's shadow.

And yet the woman who enters the sitting room for her *Ladies' Home Journal* photo shoot seems remarkably relaxed and down-to-earth. With her short blond hair and piercing blue eyes, Clinton is prettier and more feminine in person than she usually appears in photographs or on television. She's also oddly hokey. When the photographer asks her to shift positions, she chirps "Okey-dokey," an expression she uses several times.

Clinton seems to enjoy being primped for the photos. But by the time we sit down to talk, she appears tired and a little wary. Her style is elegant, tailored and simple. Her neatly manicured nails are coated with clear polish, and the only jewelry she wears is a thickly braided gold-and-diamond band on her left hand.

Clinton has granted this interview to coincide *(continued)*



WOMEN



(continued) with the fifth anniversary of the United Nations Fourth World Conference on Women. Held in Beijing, China, in September 1995, the event drew thousands of women from dozens of countries around the world and produced the Platform for Action, a strong policy statement demanding equal rights for women in economic, social, political and legal matters. From June 5 through June 9, the United Nations will hold a special session of the General Assembly to review the progress that's been made since the conference and mark "Beijing Plus Five." As First Lady, Clinton has traveled widely overseas, providing support to thousands of women struggling to transform their lives.

LHJ: What has changed for women as a result of the Beijing Conference?

HRC: There's been extraordinary progress in the last five years, both internationally and in specific countries where laws and attitudes have changed, from Asia to Latin America. When I first went to Senegal, I went to a village that was working very hard with a nonprofit organization to end the practice of female genital [mutilation]. They voted in the village to ban it, overturning this centuries-old tradition. And they sent out people from their village to talk with people in other villages. They persuaded the president of Senegal to denounce the practice, and later it was made illegal. It was all because of women finding their voices and speaking out and learning how to work the democratic system.

LHJ: What do you think are the most urgent issues facing women today?

HRC: It really depends on what region of the world you're looking at. We still have places where women are brutally oppressed, like Afghanistan. We have places where women cannot vote, like Kuwait or Saudi Arabia. We have places where women are trafficked into prostitution or servitude. We have places where girls are still denied medical care and die at a much higher rate than boys.

LHJ: What are the most important issues facing women in the U.S.?

HRC: Although we enjoy all of the rights that make us equal under the law to men, we have a lot of challenges balancing family and work responsibilities, and providing support for one another in the choices we make.

LHJ: Are we providing the right support?

HRC: At the same time we tell girls they can do anything and be anything, we tell them, "You'd better be really thin. And you'd better be tall. And you'd better be super organized so you can do a million things at once." We give all of these messages that undermine individuality, instead of saying, "Be the best person you can be." In a lot of advanced economies, girls are getting trapped in different kinds of mind-sets. They can go to the greatest schools in the world and *(continued on page 198)*

POLITICAL ACTION

Women have the right to vote and stand for public office in almost every country around the world, and are now members of the legislatures in all but seven. A power-player update:

PRESIDENTS

Mary McAleese, Ireland
Vaira Vike-Freiberga, Latvia
Mireya Elisa Moscoso, Panama
Chandrika Bandaranaike Kumaratunga, Sri Lanka
Tarja Halonen, Finland

PRIME MINISTERS

Hasina Wazed, Bangladesh
Jenny Shipley, New Zealand
Sirimavo Badaranaike, Sri Lanka

WOMEN IN PARLIAMENT

(female representation in national legislative bodies)

1. Sweden 42.7%
2. Denmark 37.4%
3. Finland 36.5%
4. Norway 36.4%
5. Netherlands 36%
6. Iceland 34.9%
7. Germany 30.9%
8. South Africa 30%
9. New Zealand 29.2%
10. Bosnia & Herzegovina and Venezuela 28.6%

46. United States 13.3%

OF THE WORLD



IN 1995, THE UNITED NATIONS FOURTH WORLD CONFERENCE ON WOMEN TOOK PLACE IN BEIJING, CHINA. DELEGATES FROM ACROSS THE GLOBE, INCLUDING FIRST LADY HILLARY RODHAM CLINTON, ADOPTED A PLATFORM OF ACTION TO BRING EMPOWERMENT TO WOMEN EVERYWHERE. THIS MONTH, THE DELEGATES ARE RECONVENING AT A SPECIAL SESSION OF THE UNITED NATIONS TO REVIEW THE GAINS WOMEN HAVE MADE—AND THE CHALLENGES THAT STILL LIE AHEAD. TO MARK THIS HISTORIC EVENT, THE EDITORS OF *LADIES' HOME JOURNAL* HAVE PUT TOGETHER THIS SPECIAL REPORT ON THE STATUS OF WOMEN

"MOTHERING IS MY PRIMARY ROLE"

Samira Mahmoud, 35
Home: Cairo, Egypt
Occupation: Freelance writer and editor for Cairo-based magazines
Annual salary: 13,000 to 15,000 Egyptian pounds ($3,820-$4,400)
Marital status: Married eight years to Sherif Ebeid, 37, a hotel and diving center owner and manager
Kids: Karim, 6, and Naila, 4
On marriage: "The biggest challenge is to continue to have a good relationship as we grow and change. My husband and I are different individuals with not exactly the same value system."
On working: "I'm not as free to work as I would be if I didn't have other roles to fill. If the baby-sitter doesn't show up, it's me who doesn't go in. I'm not resentful—that's the way it should be when children are small."
On raising children: "My priority is to give them as much love, affection and attention as they need—there can be no compromising on this."
On chores: "Middle Eastern men in general don't help around the house—and that's not negotiable. My husband feels it's entirely my responsibility to manage the household and care for the children. He's never changed a diaper."
Biggest challenge: "Juggling everybody's demands on me, including my own expectations of myself."
On the status of women in Egypt: "I see it as a very mixed package. Many Egyptian women are free to concentrate on mothering without the added burden of earning money. That's very liberating. On the negative side, a woman is expected to conform from day one. You're expected to give of yourself until there's no more left."

—Sarah Gauch





MOTHERHOOD MATTERS

Worldwide, the average fertility rate is **3** *children for every woman.*
Number of children born to the typical woman in Malawi (in Africa), where the fertility rate is the highest: **7.6**
Number of children born to the typical woman in Italy, where the fertility rate is the lowest: **1.2**

AN ARRANGED MARRIAGE

Harminder Paul, 37
Home: New Delhi, India
Occupation: Secretary at the World Bank's regional headquarters
Annual salary: 300,000 rupees ($6,960)
Marital status: Married since 1987 to Narinder Paul Singh, 40, software engineer and head of the software design department at Indian Oil Corp.
Kids: Angad Paul Singh, 11, and Namita Paul Singh, 7
On arranged marriages: "Here, advertising for marriage is pretty common. [Narinder's] father had put in an ad, and my brother responded to it. I was not quite prepared to marry. But Narinder was open to the idea that I could study further and do something of my choice. [He was] very nice."
Biggest challenge: "I really want to spend more time with my kids. I am going to cut down on my time at work."
Her greatest hope for her children: "I try to insist [to my son] that whatever he wants to do, he should do that best. My daughter wants to be a teacher."
On the status of women in India: "I see women coming to the office who are educated more professionally. The system is changing, but not at the pace it should." —Marion Lloyd

HOW **FAR** WE'VE COME

Since the Fourth World Conference on Women in 1995, women's lives have changed for the better in many ways. Here, the greatest gains:

- In **China**, where a one-family, one-child policy has long been in effect, new regulations have been passed forbidding family-planning workers from forcing women to undergo sterilization or abortion.
- Private clinics in Bogotá, **Colombia**, have begun providing family planning as well as screening and treatment for STDs, cancer, gender-based violence and services for infertility and menopause.
- In 1998, the **Ivory Coast** banned female genital mutilation (FGM), premature and forced marriage and sexual harassment. In **Senegal**, violators of local FGM bans are now subject to five-year prison terms. Female circumcision was also outlawed in **Egypt** in 1999.
- In **India**, government financial-aid programs are now required to reserve half their funds for women.
- In an effort to increase the number of female representatives in local and national legislative bodies, a number of countries—including **Peru**, **Argentina** and **India**—have introduced quota systems requiring a certain percentage of elected officials to be women.
- In **Nigeria** and **Rwanda** women for the first time have the right to inherit property. In **Brunei**, women can now own land in their own names.

Women's Health, By The Numbers



- *Average life expectancy of women in Japan, the country where women live longest: 83*
- *Average life expectancy of women in Afghanistan, where women's lives are the shortest: 42*
- *Number of countries in which men typically live longer than women: 1 (Nepal)*
- *Number-one killer of women worldwide: cardiovascular disease*
- *Number-one cause of death for women of reproductive age in developing countries: childbirth*
- *Percentage of new HIV infections that occur among women worldwide: 42 percent*

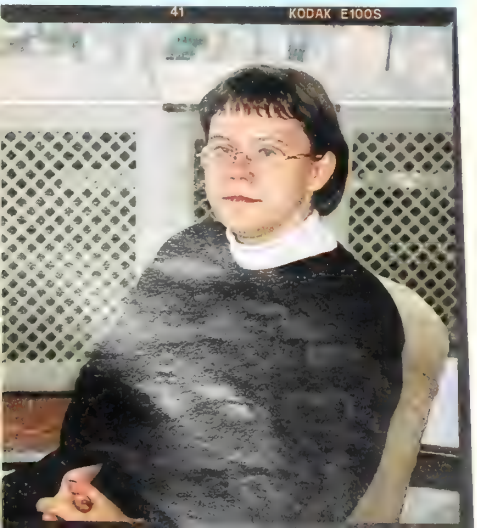
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"WOMEN ARE THE BOSS"

Olga Zayarnaya, 39
Home: Moscow, Russia
Occupation: Senior managing partner of a consulting company
Annual salary: 340,000 rubles ($11,165)
Marital status: Divorced three times
Kids: Olesya, 9
On marriage: "In Russia, if you're a successful career woman and unmarried, people think, 'Oh, that's why she's so good at her job, she has no personal life.'"
On work: "Today, working is a question of survival. For women, it's not a big deal to work as a shop assistant when in Soviet times you were a teacher—we'll do virtually anything to keep our children fed. But men are becoming extraneous because they're not willing to work for low pay."
On raising children: "The fact that my parents live with me is quite traditional. But the fact that I'm the family breadwinner and don't have enough time to spend with my daughter is not."
Greatest achievement: "That I didn't end up penniless during the economic crisis. On the contrary, that was when I founded my own company."
On the status of women in Russia: "In Russia, men pretend to be the boss, and women play along. But in actual fact, women play the lead." —Marisa Robertson





CREATING CHANGE

Sandra Amaral Borba, 34
Home: Sao Paulo, Brazil
Occupation: Office administrator for a travel agency
Annual Salary: 36,000 reals ($20,448)
Marital status: Married nine years (second marriage) to Guilherme Luis de Carvalho Marback Filho, 36, a manager in a Citibank branch
Kids: Cecy Maria Borba Marback, 2, and Thomas Borba Marback, 7
On being a working mother: "It isn't easy to do everything perfectly. But you have to work, otherwise people say, 'Why are you just a housewife?'"
What she worries about: "Are the children receiving enough care? Do they feel that they are loved, since I am not present all the time?"
On household chores: "In Brazil, men are not educated by their mothers to help. Women have to do [everything]."
Her greatest hope for her children: "I want them to be honest people."
Her greatest fear: "That they get involved with drugs."
On the status of women in Brazil: "Twenty years ago, women were expected to stay home. Now we want to improve professionally and be financially independent. The house and children are still on us, but we are trying to force our husbands to change." —Nicole Veash

HERE COMES THE BRIDE In the U.S., a woman's average age at marriage is **25.8**. Sweden has the world's oldest brides—**30.4**—while Yemen has the youngest at age **15**

What Is Adultery?

Around the world, adultery is usually acceptable grounds for divorce. But the definition of adultery can be very different for women than it is for men.

In Argentina: A husband has the right to divorce his wife on the grounds of adultery if she commits a single sexual act with another man.

A wife can divorce her husband for adultery only if he keeps a mistress.

In Cameroon: A husband can divorce his wife for adultery any time she has sexual relations with another man.

A wife can divorce her husband for adultery only if he has sexual relations with another woman in his own home.

In the Ivory Coast: A proposed law states that a husband can divorce his wife for adultery if he finds her in an intimate conversation with another man.

A wife can divorce her husband for adultery only if she finds him having sexual relations with the same woman in the family home three times.



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NOTHING IN COMMON

Wu Lili, 35
Home: Beijing, China
Occupation: Accountant at one of China's largest state-run television manufacturers
Annual salary: 24,000 yuan ($2,899)
Marital status: Married since 1988 to fellow accountant Shen Liangguang, 37
Kids: Shen Yuan, 8
On marriage: "My husband was the first man in my life. We got married because of pressure from society. He doesn't do anything at home. We used to talk about a lot of things when we were first together. Now we don't talk about much of anything but work."
On parenthood: Lili resists cramming her son's schedule with the extra homework and activities most urban Chinese parents are convinced will ensure their child a coveted seat at a prestigious university. "I just hope he does well enough in school and can find a good job someday."
On women's status in China: Despite the fact that women make the same salary as their male counterparts, their status in China is diminishing. Women are forced to retire earlier than men; many turn to prostitution. At home, infidelity and domestic abuse are common. "But I am still the most powerful one in my family," Lili says. "I'm not afraid of anybody." —Lisa Minder Wu

UNFINISHED BUSINESS

Despite the progress women have made, there is still much work to be done. Here, the top hot-button issues:

- **Rape as an act of war.** Civilian women in Bosnia, Kosovo, Algeria and Sierra Leone, among others, have been raped in recent years by members of an opposing country's or group's military.
- **Honor crimes.** Governments in such countries as Jordan, Pakistan and India look the other way when men kill female relatives for bringing shame upon the family.
- **Female infanticide** is widespread, with ten thousand cases reported annually in India alone. Though this is illegal, little is done to discourage it.
- **Female genital mutilation** (FGM) is still widely practiced in many countries, such as Somalia and Ethiopia.
- **Trafficking of women.** The U.S. government estimates that more than 700,000 women from developing nations are sent to other countries, including the U.S., where they are forced into domestic servitude, prostitution and sweatshop labor every year.
- **Women are denied equality in many nations.** In nearly forty Muslim countries where the Islamic law of Sharia is enforced, a woman is regarded as a minor and is under legal guardianship of her father or husband. In Morocco, women are married without their consent and denied access to divorce and child custody.
- **Harassment and violence at work.** In the U.S., murder is the leading cause of death on the job for women. In many countries, such as Bolivia, sexual harassment is not illegal.
- **Lack of representation.** In forty-eight countries, there are no women at the ministerial, or Cabinet, level. In Kuwait and the United Arab Emirates, women do not have the right to vote.

Equal pay for equal work? Tanzania, Vietnam, Australia, Sri Lanka and Sweden are the closest to meeting that goal: Women there earn between **89 percent** and **92 percent** of what men do. Women in the U.S. earn **75 cents** on a man's dollar; Russian women have to get by on a mere **40 cents**

THE SINGLE LIFE

Sarah Wasley, 30
Home: London
Occupation: Production director for a book publishing house
Annual salary: 20,000 pounds ($39,671)
Marital status: Single. Her boyfriend of two years is Suliman Mohammad, 34, a musician and music teacher.
Kids: None. Suliman has two daughters, Ayeisha, 9, and Syreta, 13.
On whether she'll get married: "The older I get the more impractical marriage seems for me. I can't imagine committing to one person."
On whether there's pressure to wed: "No. But when I started going out with Suliman, my mum sent me a list of places to honeymoon."
On whether she wants kids: "Yes. It will happen when it happens."
Greatest challenge: "Body image is a real problem for me. [Suliman] says that it's hard being in love with someone when she loathes herself."
Hopes for the future: "I want to enjoy life and be healthy. I would also like to be thinner."
On the status of women in Britain: "I feel very fortunate to live in a country where I have equal rights, more or less, and am able to make my voice heard. And if the women of tomorrow are like Ayeisha and Syreta—sassy and assertive—we have nothing to worry about." —Katie Sampson



OK HOT!!!!

COOL BUT LOOK GREAT. SIX COUPLES SURVEY SEXY WHAT MAKES A WARDROBE WINNER

BY LOIS JOY JOHNSON



Janine Weitenauer, 34 Mark Seelen, 32

▲ **HER PICK** I prefer tops and pants over a dress in the summer because I don't like anything that's too pretty-looking. I like clothes with a sexy edge—I guess that's why I wear mostly black.

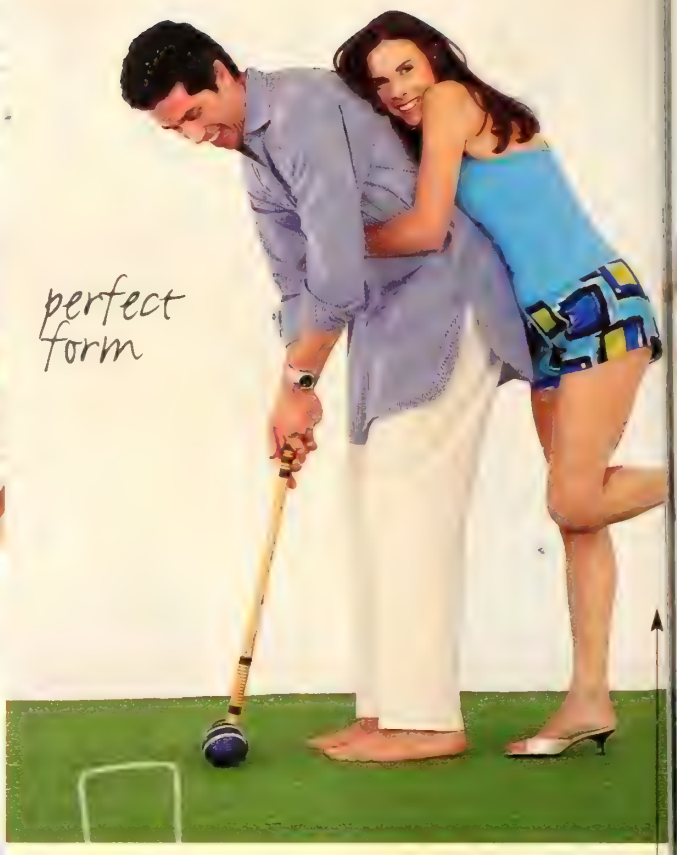
▶ **HIS PICK** I like the way Janine looks in pants, too, but I like them just a bit tighter and the top more bare, like a halter that shows skin. I think this outfit—and the light colors—have a lot of sex appeal.

Above: French Connection shell, Karen Kane pants, Adrienne Vittadini sandals. Right: agnès b. pants, Jones New York Sport halter, Adrienne Vittadini mules.

light, bright and bare



taking the plunge



perfect form

Jessica Rubin, 30
Danny Rubin, 32

▼ HER PICK I think my best features are my arms and shoulders, so I like to wear tube-type tops to put the focus there. Even though most of my wardrobe is in neutral shades, lately I've been into color, and this multicolor top and skirt look really current and fun.

▲ HIS PICK My favorite thing on Jessica is something small that doesn't have a lot of material. My pick is a short sundress with a low neckline—believe it or not, like something Tori Spelling would wear—with a sexy push-up bra underneath.

Above: XOXO dress. Right: A.B.S by Allen Schwartz tube top and skirt, Unisa thong sandals.



Julie Brown, 30
Peter Brown, 30

▼ HER PICK For hot summer days I'm most comfortable in a dress. I think I look best in a dress, too, because I'm petite and a romantic type in general. My favorite clothes are slipdresses that are delicate, with feminine details like draping or ruffles. And I always seem to go for girly colors like pink and lavender.

▲ HIS PICK Tank tops and short shorts are it—form-fitting and unfussy. Julie looks great in a tiny tank with spaghetti straps because she doesn't have to wear a bra!

Above: Josephine Sasso shorts, New York & Company tank, Unisa slides. Right: XOXO dress, Unisa slides.





on target with prints



a shot of inspiration

Kim Roth, 33
Dave Roth, 32

▼ **HER PICK** I like to wear a light dress on a hot summer night out with Dave, because it's a style I can really move in, which is especially important if we go out dancing. My favorite colors are soft and muted—mossy grays, blues and greens.

▲ **HIS PICK** In general, a woman really can't miss with fitted pants and T-shirts or a low-cut sundress—but that's probably what most men say, right? Kim stands out in a crowd no matter what she's wearing; I think she's sexy even in plain old faded jeans. But I do like fun clothes like this red-and-white outfit. It shows a lot of attitude.

Above: agnès b. pants and shell, Delman sandals. Right: Anne Klein top and skirt, Delman sandals.

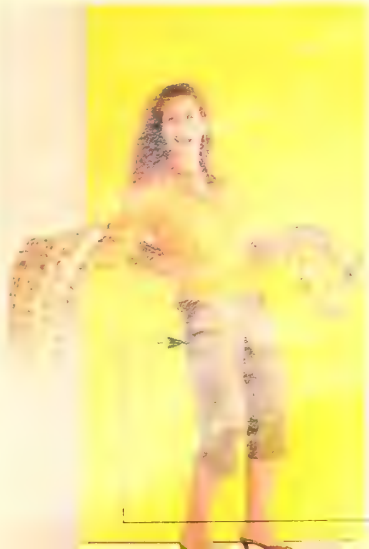


Gayle Kessler, 30
Brad Ceisler, 35

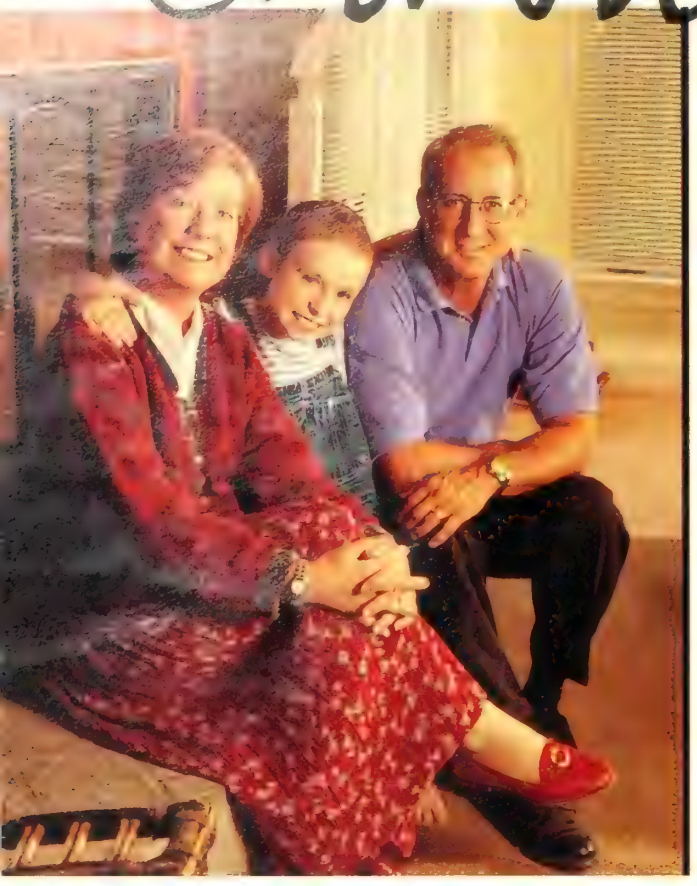
▼ **HER PICK** Summer clothes that are bright, somewhat trendy and, above all, comfortable suit me best. I like to wear something that's unexpected, so I don't mind being a little over- or underdressed for an occasion. But clamdiggers and a fitted shirt can really take me anywhere, especially in these rich golden colors.

▲ **HIS PICK** I'm more conservative than Gayle is, and I'm not crazy about clothes that are flashy or too trendy. Gayle looks terrific in a dress, one that moves with a breeze, in a sophisticated, neutral color.

Above: OMO Norma Kamali wrap dress, Unisa slides. Right: A.B.S by Allen Schwartz shirt and pants, Unisa mules.



"Caroline wa



WHEN THEIR DAUGHTER WAS DIAGNOSED WITH A RARE AND DEADLY FORM OF CANCER, CONGRESSWOMAN DEBORAH PRYCE AND HER HUSBAND, RANDY WALKER, WERE DEVASTATED. BUT IN HER VALIANT BATTLE AGAINST THE DISEASE, CAROLINE TAUGHT THEM NEW LESSONS ABOUT COURAGE—AND LOVE By Kathryn Casey

"RANDY RECENTLY BROUGHT home a tape recording our daughter had made when she was at his office last year," says Deborah Pryce (R-Ohio). "Caroline loved *My Fair Lady*, and on the tape she's doing her very best Eliza Doolittle imitation. It ends with a funny song she made up: 'My love is like an ocean; yours is like a tide pool.' It's so Caroline. She was such a brave little girl."

In her office across the street from the Capitol, Deborah falls silent thinking about nine-year-old Caroline. Her husband, Randy Walker, sits nearby, wiping his eyes. Beside him are two photos of their daughter—one taken just months before Caroline died last September.

For Deborah, forty-eight, the past two years have been the most difficult of her life. She and Randy, a commercial real-estate developer, experienced the high-flying successes of modern medicine. They also confronted its failures when Caroline was misdiagnosed three times.

"Caroline was a wonderful gift," says Randy. "We learned so much from her about love and how to live. In the end she would teach us another lesson: how to die."

A DREADED DIAGNOSIS

Deborah and Randy adopted Caroline in September 1990, after years of infertility treatments. In 1992, Deborah, then a judge in Columbus, Ohio, won her congressional seat. Those were busy times. *(continued)*



Last summer, doctors declared that Caroline was in clinical remission. She felt well enough to play in her treehouse (above) and plan her ninth birthday party



she kept an apartment while Congress was in session. At home, Randy, fifty-three, pitched in with Caroline.

By the time school ended in summer 1998, Caroline was a soon-to-be third grader who adored Scooby-Doo and Winnie-The-Pooh, and loved to ski and play soccer. But suddenly she began waking at night, complaining of pain in her left leg. Deborah took her to the pediatrician, who diagnosed it as growing pains.

As the summer wore on, the pain intensified. "Shin-splints," the doctor pronounced on Caroline's second trip to her office.

On vacation in Michigan that August, Randy and Deborah noticed Caroline jumping on a trampoline on only one leg. At a school picnic later that month, she dragged her left leg behind her while running.

"I took her back to the doctor the next day," says Deborah. "I told her, 'This can't be normal.'"

The doctor agreed and ordered X-rays. At the lab a few hours later, Deborah watched as a technician clipped film of her daughter's legs onto a light panel. On her left leg was an ominous dark shadow.

"What's that?" Deborah asked, frightened.

"I don't know," the technician replied.

The pediatrician ordered more tests. At Columbus Children's Hospital, Caroline's bones were scanned. "All of them were white," Deborah says, "until they got to her leg. Then, there was this black shadow."

"This is news a doctor never wants to deliver," the doctor told Deborah. "Your daughter may have cancer."

A biopsy revealed that the tumor was malignant. Further tests showed that it was in the fourth and most advanced stage, infesting Caroline's bone marrow.

"Those words, 'Your daughter has cancer,'" Deborah says. "That was the most horrible moment of our lives."

One of the cancer specialists offered to explain the diagnosis to Caroline. "Let me be the bad guy," he urged. "She'll need you to be the good guys, to help her through this."

Deborah and Randy waited outside. When the doctor emerged, they entered Caroline's room to find her staring, as if in shock, at her hands. "Caroline?" Deborah asked. As their daughter began to cry, they held her close.

FIGHTING FOR CAROLINE

"We could have spent time angry with the doctor over the weeks we'd wasted," says Deborah. "From the beginning, we made a conscious decision not to do that. We had to concentrate on Caroline. She needed us."

The gravity of their situation quickly became clear. Doctors diagnosed the tumor as Ewing's sarcoma, a form of bone cancer. While some childhood cancers now have survival rates near 90 percent, for Ewing's it was much lower—60 percent at best, less than 20 percent if the cancer had spread. "We were reeling," says Randy. "The more we learned, the worse it became."

That weekend, Caroline came home in a wheelchair. Friends and family gathered. The adults discussed the options. Columbus Children's Hospital could treat Caroline, but was it the best place?

One of those in attendance was Dan Binau, a close family friend who'd fought his own battle with cancer. "You have to be Caroline's advocate," he urged Deborah and Randy. "Find out where they're doing cutting-edge research, who has the highest cure rates."

"Can't you do something in Washington?" Randy asked Deborah.

"I'll try," she told him. The following week, Deborah informed then–Speaker of the House, Newt Gingrich, that she needed a leave of absence. The investigation of the Monica Lewinsky scandal was in full swing, and Deborah assured Gingrich she'd be available to cast a vote in the impeachment hearings against President Clinton.

She also called the House physician, and asked him for a contact at the National Institutes of Health (NIH), in Bethesda, Maryland. Fortunately, the NIH had a study under way targeting Ewing's sarcoma. "Because they were working on the disease, they wanted to see Caroline," says Deborah.

Before leaving Ohio, Deborah made a decision: She was facing re-election that November, and would not

withdraw, but she'd no longer campaign. "What happened, happened," she says. "I felt people would understand."

On Capitol Hill, the House launched into its impeachment deliberations. Just miles away at NIH, Deborah paid only cursory attention. The irony of the situation was brought home to her one afternoon when President Clinton, a man she would later vote to impeach, called to offer his best wishes and support. He talked with Caroline, who was too sick to do more than whisper. "She couldn't even get excited," says Deborah.

For two weeks the NIH doctors conducted tests on Caroline. The procedures were sometimes excruciating, and Caroline would cry out in pain. "I was furious," Deborah says. "I kept telling them, 'Get on with it. *Do* something."

But the doctors explained they had doubts about Caroline's diagnosis. "I told them, 'Thank God. Anything but Ewing's,'" remembers Randy.

Finally, the physicians scheduled a meeting. "One of them walked into the room and put a box of Kleenex on the table," says Deborah. "I knew then it was bad news."

The doctors told them that Caroline had neuroblastoma, a rare nerve cancer that strikes approximately 500 children in the U.S. each year. For older children in advanced stages of the disease, like Caroline, the survival rate was below 20 percent.

Deborah and Randy were in shock. "We couldn't believe it," says Randy. "We'd just jumped from the frying pan right back into the fire."

A PROMISING TREATMENT

To make matters worse, Deborah and Randy quickly realized that the NIH doctors felt uncomfortable treating Caroline because they were not conducting any studies on neuroblastoma. "I pleaded with them," remembers Deborah. "They said that they just wouldn't, couldn't, shouldn't."

The physicians gave them a list of neuroblastoma programs across the country, but seemed reluctant to recommend any one in particular. With the help of [illegible] Bill Paxon and his wife, Susan Molinari, [illegible] U.S. representatives from New York, Randy and Deborah began calling anyone who might have information on neuroblastoma.

"The doctors we contacted didn't agree on what Caroline needed. They all had their own treatment," says Deborah. "Every time we went in to see Caroline, we wanted to cry."

In desperation, Randy cornered one of Caroline's specialists at NIH. "If she was your daughter, where would you take her?" he pleaded.

"If she was my daughter, I'd call Memorial Sloan-Kettering Cancer Center in New York City," he said. "Ask for Dr. Cheung."

The next day, Randy and Deborah met with Nai-Kong V. Cheung, M.D., Ph.D., the head of the hospital's neuroblastoma program. The doctor explained that Sloan-Kettering's protocol included surgery, high doses of chemotherapy, radiation and a bone marrow transplant, as well as the injection of antibodies, some of them radioactive, to train the patient's immune system to fight the cancer. Dr. Cheung estimated that Caroline would have a 50 percent chance of long-term survival if she was treated immediately.

Deborah and Randy seized upon what they saw as their daughter's best hope. Instead of moving to New York City for the duration of Carline's therapy, possibly more than a year, they convinced Dr. Cheung to allow Columbus Children's Hospital to administer the chemo and radiation.

The following week, Caroline went

continued on page 200

THE FACTS ABOUT KIDS AND CANCER

The American Cancer Society estimates that more than 12,000 children will be diagnosed with cancer this year, and 2,300 will die from it. It is the leading cause of death from disease for those under age twenty.

But while some forms of the illness have a poor prognosis, nearly 70 percent of children diagnosed with cancer today will be successfully treated. In fact, the five-year rate of survival for non-Hodgkin's lymphoma, a common cancer in kids, has jumped to 73 percent from 43 percent in the mid-1970s.

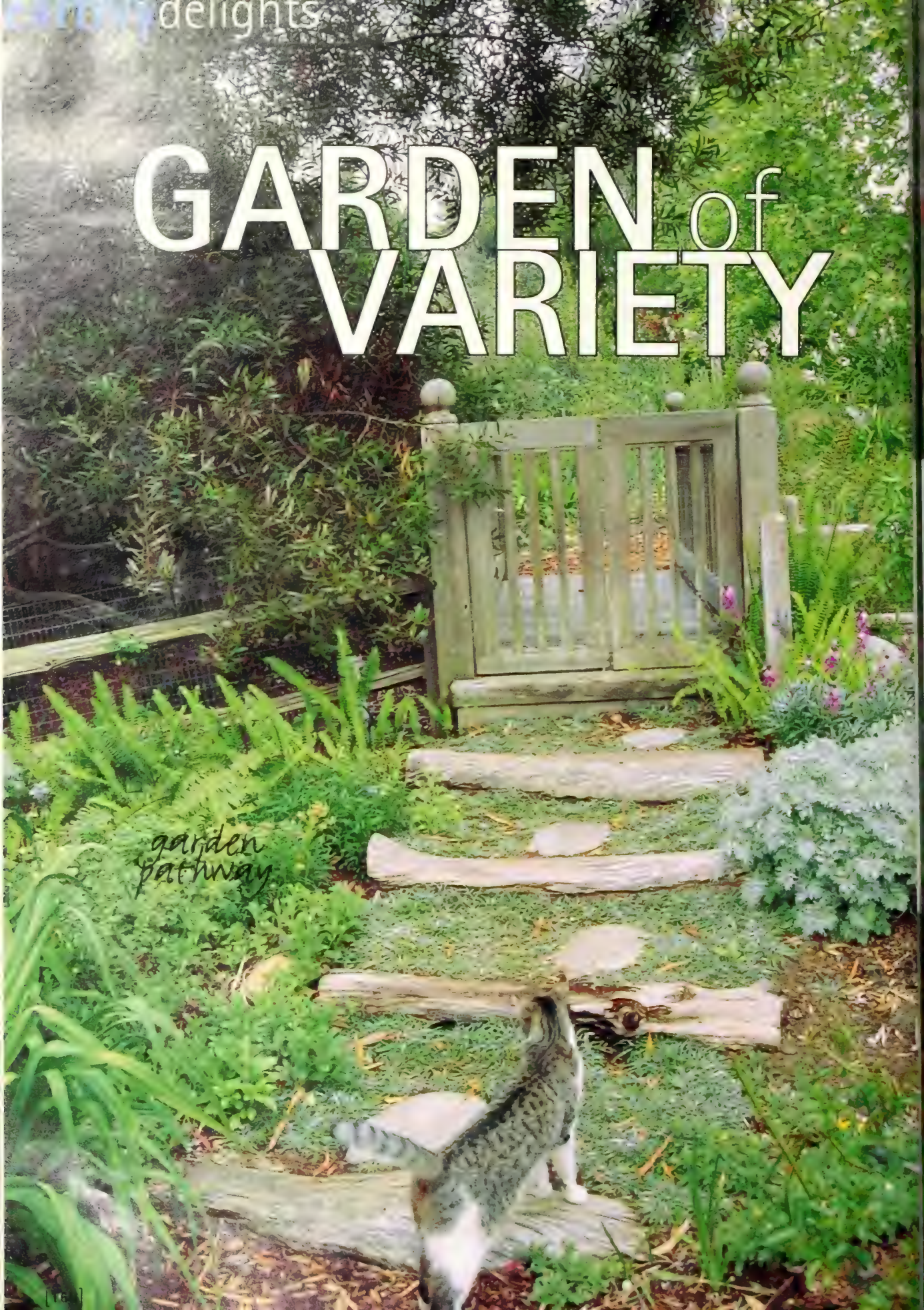
But there is still much work to be done. There has been a slight rise in the incidence of some types of pediatric cancers in recent years. Some research suggests that environmental factors may play a role.

Another problem is the lack of child-specific treatments. Because cancer is less common in children than in adults, pharmaceutical companies have been slower to develop drugs for them. Just one new cancer medication has been approved solely for children in the past twenty years. The Food and Drug Administration recently offered companies a financial incentive to make adult cancer drugs available for pediatric research.

For more information about childhood cancer, visit the American Cancer Society at www.cancer.org and the National Cancer Institute at www.cancernet.nci.nih.gov.

—Melinda Leader

GARDEN of VARIETY

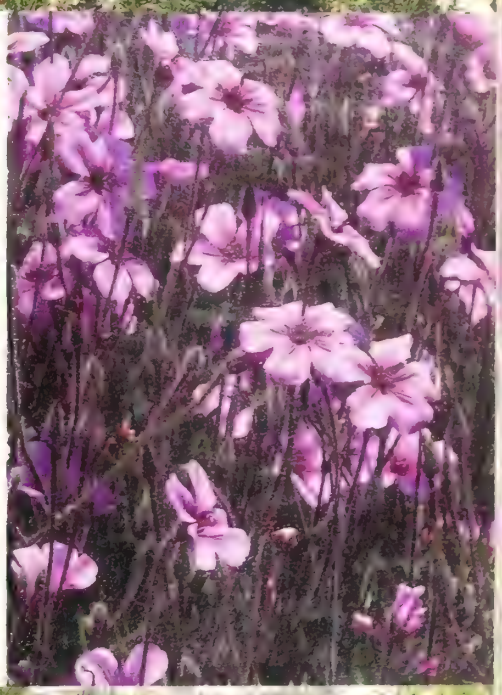




A ROSE GARDEN, A TOPIARY GARDEN, AN ORCHARD AND MORE—IN JUST A FEW ACRES, THIS CALIFORNIA BACKYARD OFFERS MANY LOVELY CHANGES OF SCENERY

Produced By Kimberlie A. Waugh

The children's garden, screened by the deep red Altissimo rose, is a place for the kids to grow vegetables. Handmade birdhouses dot the English-style cottage garden, and a life-size figure of Mr. McGregor chasing Peter Rabbit presides in the topiary garden. The rose garden boasts a showy mix of old favorites (including pale pink Debutantes) and new (such as the rich yellow Graham Thomas rose)













WHEN PEOPLE VISIT Agatha Youngblood's garden for the first time, they immediately feel right at home. That's probably because so much of the informal, English-style garden in Rancho Santa Fe, California, is devoted to old-fashioned flowers—from delphiniums and buttercups to old roses. "I love to hear people say, 'Oh, my grandmother used to grow that,'" says Agatha.

Just as enchanting as the nostalgic flowers are the garden's many nooks and crannies. A rose garden, herb garden, vegetable garden, drought-tolerant garden, patio garden and even a children's garden (where kids can plant vegetables and have the fun of eating them months later) are among the more than a dozen small gardens that make up the two-and-a-half-acre whole. Agatha created this wonderland without a horticultural or landscaping background, and she's quick to say that you don't need expertise or lots of acreage to make a garden special. Hers started modestly, as a small cutting garden. "Then the area above the cutting garden, which just had a few scraggly geraniums, looked awful by comparison. I thought, 'Well, I'll put something different up there,' and that became the rose garden. I didn't know what I was doing—I'd just get a new idea and plant something else." She pored over books and magazines and joined a garden club to learn more.

Informal doesn't mean random, though, and Agatha was able to draw on her visual arts background—she'd studied fine arts in college. For harmony, she stuck to colors on the cool side of the spectrum—purples, blues and gray-greens—adding soft yellows and bluish-reds and pinks for contrast. Keeping proportion in mind, she saved large shrubs for big, open *(continued)*

The entry garden grew up to greet visitors with a feast of colors: irises, phlox, yellow/red galardia and bright alyssum grow there. Next to the house, a patio garden features pelargonium and Jupiter's Beard and is framed by a rose-covered archway


patio
garden

(continued) areas. For variety, she'd place a round-leafed plant next to one with long, thin foliage.

A few of Agatha's other tips for a successful cottage garden:

• Plant workhorse flowers—such as long-blooming heliotrope, or the Graham Thomas hybrid in her rose garden—that are cultivated to flower most of the year. "I don't bother with things that just bloom a little while," says Agatha.

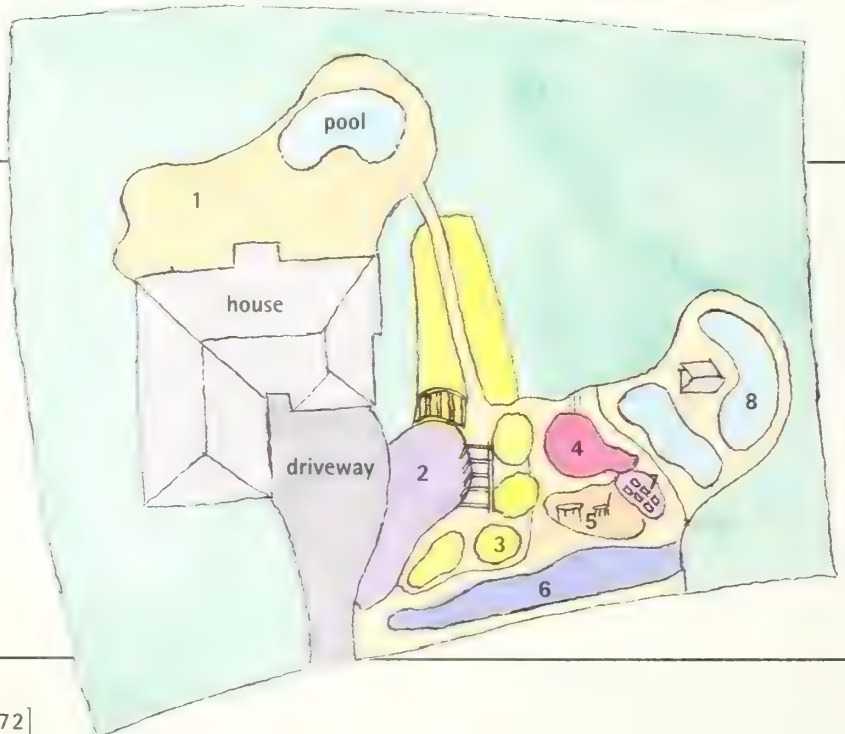
• Go natural. She favors compost over chemical fertilizer and keeps bugs at bay by spraying water, insecticidal soap and fine oil. "The flowers are happier that way."

• Express yourself. "Don't feel pressured to do everything the way someone else would do it. Every garden is part of the gardener, so plant what you like!" —*Janet Bailey*





In the rear of the garden, near the potting shed, are drought-loving plants that don't require much care: waving grasses, Matilaja poppies and echeveria. In the apple orchard, everyone enjoys picnicking on a carpet of chamomile



HOW THE GARDEN GROWS

1. PATIO GARDEN
2. ROSE GARDEN
3. COTTAGE GARDEN
4. TOPIARY GARDEN
5. APPLE ORCHARD
6. ENTRY GARDEN
7. CHILDREN'S GARDEN
8. DROUGHT-TOLERANT GARDEN

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(DOESN'T THAT BREAK SOME SORT OF RULE?)



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Post

BREAKFAST MADE RIGHT™



Our burger deluxe gets its zing from tangy salsa





This recipe is delicious made with beef or turkey

3 QUICK AND EASY BURGERS

1. **Southwest** Thick 'n' juicy cilantro burgers, topped with roasted poblano chiles, salsa and Monterey Jack cheese, are a sure crowd-pleaser.
2. **Golden Onion and Swiss** Love the classic "Patty Melt" on rye? We use super-sweet onions for the topping and add sliced beefsteak tomatoes.
3. **Beef and Zucchini** Diced zucchini juices up the burgers and adds crunch to the zesty mayo topping.

THE QUICK COOK

GOLDEN ONION AND SWISS BURGER

Total prep and cooking time: 30 minutes
EASY

- 2 tablespoons butter, divided
- 1 large sweet onion, very thinly sliced
- Salt
- 1 pound ground beef chuck or ground turkey
- 1 cup shredded Swiss cheese
- 1 tablespoon Dijon mustard
- ½ teaspoon pepper
- ½ teaspoon chopped thyme
- 8 slices rye bread
- 1 large beefsteak tomato, sliced

1. Heat 1 tablespoon butter in 12-inch nonstick pan over medium heat; add onion. Cook 18 to 20 minutes, stirring until browned. Add a pinch of salt.
2. Toss beef with cheese, mustard, 1 teaspoon salt, pepper and thyme; shape into four ½-inch-thick patties.
3. Heat a grill pan. Grill patties 5 to 6 minutes per side until an instant-read thermometer inserted into side of burger registers 160°F. (165°F. for turkey).
4. Heat a nonstick skillet. Butter one side of each slice of bread; place buttered side down in skillet, toast. Spread onions on untoasted side of bread, add tomato, burger and remaining bread, repeat. Makes 4 servings.

Per serving: 585 calories, 30.5 g total fat, 15 g saturated fat, 112 mg cholesterol, 718 mg sodium, 41 g carbohydrates, 35 g protein, 352 mg calcium, 6 g fiber

SOUTHWEST BURGER

Total prep and cooking time: 30 minutes
EASY

- 3 large poblano chiles
- 1 1/4 pounds ground beef chuck or ground turkey
- ¼ cup chopped cilantro
- 2 tablespoons coarsely grated onion
- 1 teaspoon salt
- ½ teaspoon pepper
- ¼ pound Monterey Jack cheese, sliced
- Salsa or ketchup
- 4 kaiser rolls, toasted

1. Heat broiler. Broil chiles on foil-lined pan 10 to 14 minutes, turning until lightly charred. Wrap in foil; let stand 5 minutes.
2. Toss beef with cilantro, onion, salt and pepper; shape into four ½-inch-thick patties.
3. Heat grill pan. Grill patties 5 to 6 minutes per side until an instant-read thermometer inserted into side of burger registers 160°F. (165°F. for turkey). Top burgers with cheese, remove from heat. Cover pan and let stand 1 minute until melted.
4. Remove skins from chiles, seed and cut into strips. Place burgers, chiles and salsa, if desired, on bottom half of rolls; add top half of rolls. Makes 4 servings.

Per serving: 580 calories, 30 g total fat, 12.5 g saturated fat, 118 mg cholesterol, 1,129 mg sodium, 39 g carbohydrates, 39 g protein, 295 mg calcium, 2 g fiber



SPEEDY PIPING BAG

Here's a fuss-free way to make stuffed deviled eggs or cucumber cups (recipe, page 180): Spoon the filling into a large plastic storage bag; twist bag at opening. Snip one corner and squeeze.

BEEF AND ZUCCHINI BURGER

Total prep and cooking time: 30 minutes
EASY

Sauce
- 3 tablespoons mayonnaise
- 3 tablespoons salsa
- ½ teaspoon Worcestershire sauce
- ⅛ teaspoon pepper

- 2 teaspoons olive oil
- 1 medium onion, finely diced
- 1 zucchini, finely diced
- 1 1/4 pounds ground beef chuck or ground turkey
- 2 teaspoons Worcestershire sauce
- 1 teaspoon salt
- ½ teaspoon pepper
- 4 (7-inch) warm pita breads

1. *Make sauce:* Combine all ingredients in a small bowl.
2. Heat oil in nonstick skillet; add onion, half the zucchini and cook 3 to 4 minutes, until tender. Cool.
3. Toss beef with zucchini mixture, Worcestershire, salt and pepper. Shape into four ½-inch-thick patties.
4. Heat grill pan. Grill patties 5 to 6 minutes per side until an instant-read thermometer inserted into side of burger registers 160°F. (165°F. for turkey). Place burgers, sauce and remaining zucchini inside pitas. Makes 4 servings.

Per serving: 560 calories, 30 g total fat, 9 g saturated fat, 94 mg cholesterol, 1,156 mg sodium, 40 g carbohydrates, 32 g protein, 81 mg calcium, 2 g fiber ■

Recipes by Cynthia DePersio

MARRIAGE*

1	lifelong commitment
16	toilet seat lessons
1/2	hour daily cuddling
5	annual reminders about anniversary
21,000	home cooked dinners
30,000	shirts folded
19	subtle hints about breath
2 1/2	pieces lingerie
3	self-help books

Blend ingredients, keeping expectations at low. Let simmer 50+ years. Bring to a boil when necessary.



***RESULTS MAY VARY**

GRILLED GARLIC CHICKEN*

1 envelope NEW Lipton Recipe Secrets GARLIC MUSHROOM Soup Mix
3 Tbsp. olive or vegetable oil
4 boneless, skinless chicken breast halves (about 1-1/4 lbs.)

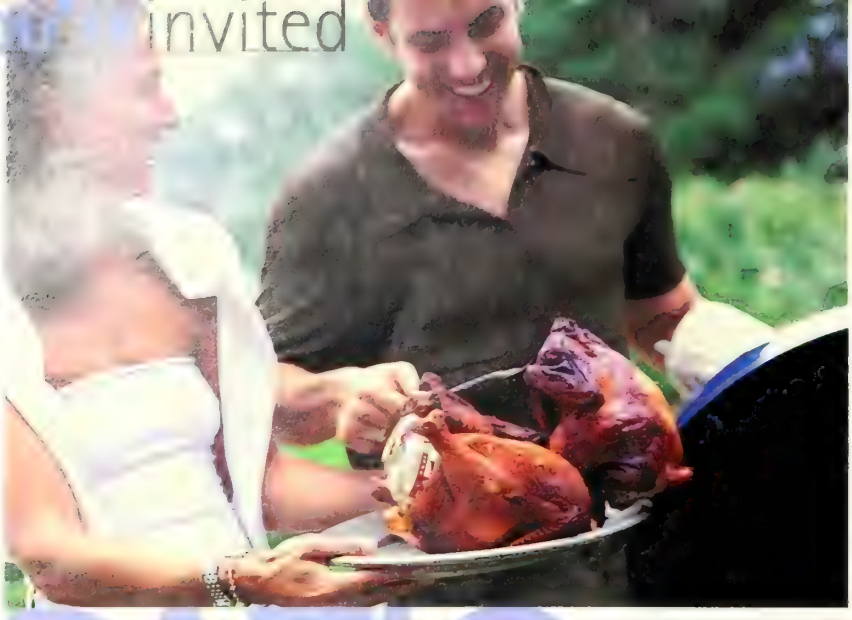
1. In medium bowl, combine Garlic Mushroom Soup Mix with oil.
2. Add chicken; toss to coat.
3. Grill or broil until chicken is no longer pink.

Makes 4 servings.



***RESULTS GUARANTEED**

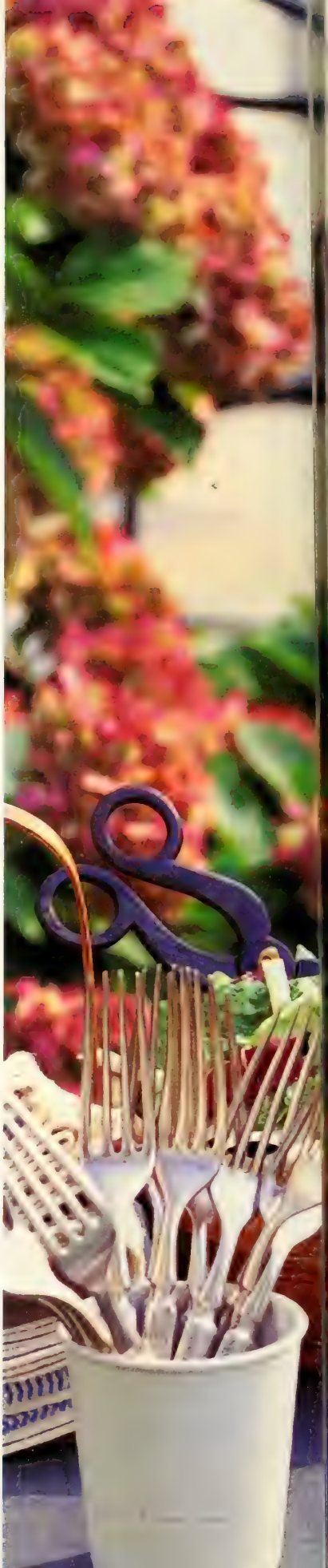




PATIO PARTIES

GOOD FOOD, GOOD FRIENDS AND THE GREAT OUTDOORS—THEY'RE THE MAIN INGREDIENTS FOR SUMMER FUN. AND THESE TWO DO-AHEAD MENUS WILL MAKE YOUR GET-TOGETHERS A DELICIOUSLY MEMORABLE GOOD TIME **BY JAN HAZARD**







BBQ Buffet

[illegible] FLAVORS MAKE THIS BARBECUE BUFFET FOR 8 A WINNER.

[illegible]

Artichoke and Tomato Empanadas
Deviled Eggs and Cucumber Cups
Olive and Cheese Platter*

[illegible]

Barbecued Beer Chicken
Sweet Italian Peppers with Garlic Crumbs
Homestyle Macaroni Salad
Patio Salad

desserts

Strawberry-Rhubarb Crumble
Giant Lime Sugar Cookies

*Recipe not given

Keep It Casual

FOR A SIT-DOWN DINNER WITHOUT THE FUSS, THIS MENU FOR 8 DOES THE TRICK.

appetizers

Roasted Tomato and Basil Salsa
Foccacia*
Arugula Pesto Dip with Crudités
Potted Shrimp

main course and sides

Marinated Grilled Steak
Fresh Sugar Snaps and Asparagus
Couscous Salad

desserts

Lemonade Fruit Salad
Ice Cream Sandwiches

*Recipe not given

MENU ONE

ARTICHOKE AND TOMATO EMPANADAS

These savory turnovers feature easy-to-prepare frozen artichoke hearts.

Prep time: 45 minutes
Baking time: 22 to 28 minutes
MODERATE

Pastry
- 2 cups all-purpose flour
- 1 tablespoon sugar
- 1 teaspoon salt
- 6 tablespoons cold butter or margarine, cut-up
- 3 tablespoons vegetable shortening
- 3 to 4 tablespoons cold water
- 1½ teaspoons distilled white vinegar

Filling
- 1 tablespoon olive oil
- ½ cup finely chopped onion
- 2 teaspoons minced garlic
- 1 package (9 oz.) frozen artichoke hearts, cooked according to package directions
- 3 plum tomatoes, diced
- 2 teaspoons minced fresh thyme or ¼ teaspoon dried
- ½ teaspoon salt
- ⅛ teaspoon freshly ground pepper
- ½ cup coarsely shredded Gruyere or Swiss cheese
- 2 tablespoons freshly grated Parmesan cheese

- 1 large egg yolk, lightly beaten

1. *Make pastry:* Combine flour, sugar and salt in food processor; pulse to blend. Add butter and shortening; pulse until butter is the size of small peas. Combine 3 tablespoons water and the vinegar in a cup. Add liquid through feed tube, pulsing just until dough starts to come together (add remaining 1 tablespoon water if necessary). Gather dough into a ball; press into a disk. Wrap in plastic wrap and refrigerate 30 minutes. *(Can be made ahead. Refrigerate up to 2 days.)*

2. *Make filling:* Meanwhile, heat oil in large skillet over medium heat. Add onion and garlic and cook just until softened, 3 minutes. Increase heat to medium-high; add artichokes, tomatoes, thyme, salt and pepper; cook 2 to 5 minutes more, until tomatoes are softened and mixture is slightly golden. Cool. Transfer filling to processor and pulse until very finely chopped. Transfer to bowl and stir in cheeses.

3. Heat oven to 375°F. Lightly grease 2 large jelly-roll pans or cookie sheets.

4. Unwrap pastry. On a lightly floured surface, roll pastry into a 14½-inch circle, ⅛-inch thick. With a 3-inch round biscuit cutter or top of a glass, cut out as many circles as possible, rerolling scraps. Reroll each circle until 3½ inches in diameter. Fill center of each circle with a slightly mounded 1 tablespoon of filling; fold circles in half and press along edges. Brush tops with egg; transfer to large cookie sheet.

5. Bake empanadas 22 to 28 minutes, switching pans once halfway through, until golden. *(Can be made ahead. Cool completely. Freeze on cookie sheet until firm; transfer to large resealable plastic storage bag and freeze up to 2 weeks. Reheat in 350°F. oven 10 to 15 minutes.)* Makes 2 dozen.

Per empanada: 110 calories, 6.5 g total fat, 3 g saturated fat, 20 mg cholesterol, 198 mg sodium, 10 g carbohydrates, 2 g protein, 38 mg calcium, 1 g fiber

DEVILED EGGS AND CUCUMBER CUPS

These do-ahead stuffed eggs and cucumbers couldn't be easier: See our "Tip of the Month" on page 176 for a simple way to pipe in the filling.

Total prep time: 30 minutes
EASY

- 1 dozen large hard-cooked eggs, peeled
- ¼ cup finely chopped celery with leaves
- 2 tablespoons finely chopped cornichons or sour pickles
- 2 tablespoons mayonnaise
- 2 tablespoons sour cream
- 2 teaspoons Dijon mustard
- ¾ teaspoon salt
- ½ teaspoon red pepper sauce
- 1 large English (seedless) cucumber, at least 18 inches long
- 2 tablespoons finely chopped onion
- 1 tablespoon snipped fresh chives, for garnish
- ¾ teaspoon poppy seeds or black mustard seeds, for garnish

1. Cut a small piece from the pointed end of each hard-cooked egg. Cut one third off the rounded end of egg, then carefully remove the yolk, reserving egg white pieces. Arrange egg cups on a large jelly-roll pan lined with foil. Coarsely chop yolks and egg white pieces; transfer to large bowl. Stir in celery, pickles, mayonnaise, sour cream, mustard, salt and red pepper sauce. *(Can be made ahead. (continued)*



Dining al fresco doesn't get any better than this! So dig into this festive spread of tender, juicy Marinated Steak, Fresh Sugar Snaps and Asparagus, and Couscous Salad



With vegetable peeler, remove 4 inch-wide strips lengthwise down each cucumber. Cut cucumbers crosswise into ¾-inch-thick pieces. Using the tip of a small spoon or melon baller, remove the cucumber flesh from each cucumber piece, being careful not to cut through the other side. Finely chop the cucumber flesh, drain on paper towels then transfer to bowl with egg filling. Rinse onion in small strainer under cold water. Drain and stir into egg filling. Makes 1¾ cup.

3. Transfer cucumber cups to pan with egg cups. Fill a plastic storage bag with egg filling and pipe into egg whites and cucumber cups. Arrange eggs and cucumbers on serving plate. Sprinkle tops with chives and poppy seeds, if desired. Makes 12 egg and 18 cucumber cups.

Per egg cup: 50 calories, 3 g total fat, 1 g saturated fat, 86 mg cholesterol, 146 mg sodium, 1 g carbohydrates, 5 g protein, 28 mg calcium, 0 g fiber

Per cucumber cup: 38 calories, 3 g total fat, 1 g saturated fat, 86 mg cholesterol, 91 mg sodium, 1 g carbohydrates, 1 g protein, 12 mg calcium, 0 g fiber

BARBECUED BEER CHICKEN

Test Kitchen Favorite

Barbecuing with beer produces the most tender, juicy chicken you've ever tasted. If you're serving a larger crowd, stretch the menu by grilling an assortment of Italian sausages over the hot coals after the chicken is done.

Prep time: 20 minutes plus standing
Grilling time: 60 to 70 minutes
MODERATE

2 cups hickory or apple wood chips
4 cans (12 oz. each) beer

Spice rub
- 3 tablespoons paprika
- 2 tablespoons onion powder
- 1 tablespoon cumin
- 1 tablespoon salt
- ¾ teaspoon ground red pepper
- 1½ teaspoons white pepper
- 1½ teaspoons sugar

3 whole small chickens (3 to 3¼ lbs. each), rinsed and patted dry
Grilled hot or sweet Italian sausages, optional

1. Combine wood chips and one can of beer in small foil pan. Let stand 1 hour.

2. *Make spice rub:* Meanwhile, combine all ingredients in small bowl. Divide and sprinkle 1 tablespoon rub into the cavity of each chicken. Sprinkle remaining rub evenly over surface of chickens. *(Can be made ahead. Place each chicken in a large plastic storage bag, seal and refrigerate overnight.)*

Open 3 beer cans and stand on a work surface with chicken (see Barbecue Beer Chicken, photo 1, page 184). Punch 2 additional holes in top of each can. Holding each chicken upright, place it over the can so that the can goes into main cavity. Pull chicken legs forward to form a sort of tripod, allowing the chicken to sit upright over can.

3. Prepare grill for indirect grilling. For gas: Drain wood chips; place chips in a small foil pan in front left-hand corner of the grill. Add ½ cup water. Place a large disposable foil pan in center of bottom grate. Add 2 cups water. Replace top cooking grate. Close lid and heat burners on medium, 10 to 15 minutes. To grill, adjust burner controls. Be sure to position chickens in center of grill and turn off heat source directly under the chicken (see box on page 184). (For triple-burner grill, turn center burner off.) Cover and grill 60 to 70 minutes (reduce heat if necessary to maintain heat at 350°F.) until an instant-read thermometer inserted in thigh reaches 180°F. For charcoal briquettes: Open all vents. Build two equal piles of briquettes (30 to 50 total, depending on the size of your grill) opposite each other on bottom grate near the grate's edge. Ignite and burn briquettes 25 to 30 minutes until coals are covered with a light coating of gray ash. Place a disposable foil drip pan in center of bottom grate. Add 2 cups water. Transfer chickens to center of grate over drip pan (photo 2, page 184). Drain wood chips and add 1 cup chips to top of each pile of hot briquettes. Cover and grill 60 to 70 minutes, until an instant-read thermometer inserted in thigh reaches 180°F.

4. Carefully remove chickens and cans from grill. Insert a large fork into the neck of each chicken and lift the chickens, holding each can with an oven mitt to remove from chicken. Transfer to platter. Makes 8 servings.

Per serving: 585 calories, 32.5 g total fat, 9 g saturated fat, 207 mg cholesterol, 1,068 mg sodium, 5 g carbohydrates, 65 g protein, 55 mg calcium, 0 g fiber

SWEET ITALIAN PEPPERS WITH GARLIC CRUMBS

If you're not familiar with Italian sweet peppers, now is the time to try them.

Prep time: 10 minutes
Baking time: 15 to 18 minutes
EASY

2 pounds sweet Italian peppers *(continued)*



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t pick it up and lay it down.
hatever your snack du jour... Pep it up.™

4 tablespoons olive oil, divided
1 teaspoon salt
4 to 5 slices firm white bread, cut-up
1 tablespoon finely chopped garlic
1/4 teaspoon oregano
1/4 cup water

1. Heat oven to 425°F. Arrange racks in upper and lower third of oven.
2. Toss peppers with 2 tablespoons oil and salt on 2 large jelly-roll pans or jelly-roll pan and the bottom of broiler pan. Roast peppers 15 to 18 minutes, turning once halfway through.
3. Meanwhile, process bread in food processor until crumbs form. Heat remaining 2 tablespoons oil in large skillet over medium heat. Add garlic and cook 30 seconds; add breadcrumbs and oregano. Cook, stirring, 8 to 9 minutes until crumbs are toasted and golden. Cool. *(Can be made ahead. Transfer crumbs to an airtight container and store at room temperature up to 2 days.)*
4. Transfer peppers to a large bowl. Add water and half the crumbs; toss. Transfer to a platter; sprinkle with remaining crumbs. Makes 8 servings.

Per serving: 130 calories, 7.5 g total fat, 1 g saturated fat, 0 mg cholesterol, 379 mg sodium, 14 g carbohydrates, 2 g protein, 29 mg calcium, 2 g fiber

PATIO SALAD

A refreshing cilantro dressing, crisp greens and jícama strips keep this salad cool and crunchy. Tip: To toast the pine nuts for the dressing, cook in a skillet over medium heat 3 to 4 minutes.

Total prep time: 20 minutes
EASY

Dressing
- 1 cup fresh cilantro leaves
- 2 tablespoons pine nuts, lightly toasted
- 1/4 cup extra virgin olive oil
- 2 tablespoons sherry vinegar
- 1 tablespoon fresh orange juice
- 1 teaspoon minced garlic
- 3/4 teaspoon salt
- 1/4 teaspoon freshly ground pepper
- 3 tablespoons grated Parmesan cheese

1 large head (1 3/4 lb.) Romaine lettuce
1 medium head (1 1/4 lb.) iceberg lettuce
1 large (8 oz.) head radicchio
1/2 pound jícama, peeled and cut into thin strips (2 cups)

1. *Make dressing:* Combine cilantro and pine nuts in food processor; pulse until finely chopped. With machine running, add remaining ingredients through feed tube and process until smooth. Makes 3/4 cup. *(Can be made ahead. Transfer to a small bowl, cover top of dressing directly with a sheet of plastic wrap. Refrigerate up to 6 hours.)*
2. Core lettuces and radicchio, tear leaves into 1-inch pieces and transfer to large bowl. Add dressing and jícama; toss to coat. Makes 8 servings.

Per serving: 130 calories, 9.5 g total fat, 1.5 g saturated fat, 2 mg cholesterol, 282 mg sodium, 9 g carbohydrates, 5 g protein, 125 mg calcium, 4 g fiber

HOMESTYLE MACARONI SALAD

Everyone will pile their plates high with this all-time favorite! We use cavatappi (double-twisted elbow macaroni) and toss it with tangy buttermilk-mayo dressing.

Prep time: 35 minutes
Cooking time: 10 to 15 minutes
EASY

1 pound cavatappi or macaroni pasta
4 hard-cooked eggs, chopped
1 cup chopped celery
1/3 finely chopped red bell pepper
1 tablespoon minced jalapeño, optional
1/3 cup chopped red onion
1/2 cup buttermilk
1/2 cup mayonnaise
2 1/2 tablespoons cider vinegar
3 tablespoons snipped fresh chives
1 1/4 teaspoons salt
1/4 teaspoon ground red pepper
1/4 teaspoon freshly ground pepper

1. Cook pasta according to package directions. Transfer to colander and rinse under cold water; drain.
2. Meanwhile, combine remaining ingredients in a large bowl until well blended. Add cooled pasta and toss to coat. *(Can be made ahead. Cover and refrigerate up to 24 hours. Let stand at room temperature 30 minutes before serving.)* Makes 14 cups.

Per cup: 210 calories, 8.5 g total fat, 1.5 g saturated fat, 66 mg cholesterol, 289 mg sodium, 26 g carbohydrates, 6 g protein, 30 mg calcium, 1 g fiber

STRAWBERRY-RHUBARB CRUMBLE

Strawberries and rhubarb are a yummy combination, especially in this dessert. When shopping for rhubarb, look for crisp, bright-red stalks; discard any leaves before using.

Prep time: 45 minutes plus standing
Baking time: 1 to 1 1/2 hours
EASY

Topping
- 3/4 cup all-purpose flour
- 2/3 cup firmly packed brown sugar
- 1/3 cup chopped toasted almonds

1/2 cup butter or margarine, softened *(continued)*

BARBECUE BEER CHICKEN

You've never tasted—or cooked—chicken like this before. Upending the whole bird over a can of beer infuses it with flavor. To do:

1. Spread spice rub evenly over chickens, as directed on page 182.

2. Insert opened can into cavity; stand chickens upright in center of cooking grate over drip pan. For a charcoal grill, drain wood chips and add 1 cup to each pile of hot briquettes. Close lid and grill. (Note: For a gas grill, combine wood chips and water in small pan in one corner of grill and heat burners to high, then arrange chicken on cooking grate over drip pan.)




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ng goes together this time of year quite like the taste of ripe berries
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Filling
- 3 pints fresh strawberries, hulled
- 2 lbs. fresh rhubarb, cut into 1-inch pieces or 7 cups frozen cut-up rhubarb*
- 1¼ cups sugar
- 3 tablespoons instant tapioca
- 2 teaspoons grated orange peel
- 2 teaspoons fresh thyme leaves, optional

Whipped cream

1. *Make topping:* Combine all ingredients in bowl until mixture just begins to hold together and resembles coarse crumbs. Heat oven to 350°F.
2. *Make filling:* Halve small and quarter large strawberries, transfer to large bowl. Stir in remaining ingredients; let stand 15 minutes.
3. Lightly butter a shallow 3-quart baking dish. Pour filling into dish. Sprinkle topping evenly over filling. Bake until bubbly and topping is golden, 60 to 75 minutes. Cool on wire rack 45 to 60 minutes before serving. Serve with whipped cream. Makes 8 servings.

*Frozen rhubarb: Prepare recipe as directed *except* spread frozen rhubarb in a single layer on a cookie sheet; let



stand 30 minutes. Increase tapioca to ¼ cup; combine in bowl with strawberries, sugar, orange peel and thyme, if desired. Let stand 15 minutes. Stir in rhubarb. Increase baking time to 1¼ to 1½ hours.

Per serving: 440 calories, 15 g total fat, 7.5 g saturated fat, 31 mg cholesterol, 148 mg sodium, 76 g carbohydrates, 4 g protein, 151 mg calcium, 4 g fiber

GIANT LIME SUGAR COOKIES

Crispy on the outside, slightly chewy on the inside, these super-sized treats pack a punch of lime in every bite.

Prep time: 30 minutes plus chilling
Baking time: 12 to 15 minutes per batch
EASY

- 2 cups all-purpose flour
- ¼ cup yellow cornmeal
- 1 teaspoon baking soda
- ½ teaspoon cream of tartar
- ½ teaspoon salt
- 6 tablespoons butter (no substitutes), softened
- 6 tablespoons cold vegetable shortening
- Sugar (need about 1½ cups total)
- 2 tablespoons light corn syrup
- 1 large egg
- 1 teaspoon vanilla extract
- 3 tablespoons plus ½ teaspoon grated lime peel, divided (about 4 limes)

1. Whisk together flour, cornmeal, baking soda, cream of tartar and salt in large bowl. Set aside.
2. Beat butter, shortening and 1 cup sugar in large mixer bowl on medium-high speed until light and creamy, 2 to 3 minutes. Beat in corn syrup, then egg until combined. Beat in vanilla and 3 tablespoons lime peel, scraping side of bowl until blended. At low speed, beat in flour mixture just until combined. Cover and refrigerate dough 1 hour.
3. Heat oven to 350°F. Combine 2 tablespoons sugar and remaining ½ teaspoon lime peel in small bowl until well combined. Set aside.
4. Spread remaining ⅓ cup sugar on a plate. Line 2 cookie sheets with foil. Fill a ¼-cup dry measuring cup with dough. Shape dough into a ball; then roll in sugar. Place on prepared cookie sheet. With bottom of a glass, gently press top of ball into a 2½-inch circle. Repeat with remaining dough and sugar, arranging 4 cookies on each cookie sheet. Bake cookies until edges begin to color, 12 to 15 minutes. Cool cookies on pan 5 minutes. Sprinkle warm cookies with lime-sugar mixture. Transfer to wire racks and cool completely. *(Can be made ahead. Freeze in airtight container up to one month.)* Makes 12 cookies.

Per serving: 285 calories, 12.5 g total fat, 5.5 g saturated fat, 33 mg cholesterol, 270 mg sodium, 40 g carbohydrates, 3 g protein, 9 mg calcium, 1 g fiber

MENU 2

ROASTED TOMATO AND BASIL SALSA

Roasting tomatoes brings out their intense sweet flavor. We paired them with garlic, olive oil and basil for this sublime sauce.

Prep time: 15 minutes
Baking time: 1 hour
EASY

- 1½ pounds fresh plum tomatoes, quartered
- 3 large cloves garlic, lightly crushed
- 2 tablespoons olive oil
- ½ teaspoon salt
- ½ teaspoon freshly ground pepper
- 10 large fresh basil leaves
- Foccacia

1. Heat oven to 325°F. Combine all ingredients except foccacia in large ovenproof skillet or 13x9-inch baking dish. Bake until tomatoes and garlic are very soft, 1 hour. Cool 10 minutes.
2. Coarsely chop tomato-garlic mixture. Transfer to a serving bowl. *(Can be made ahead. Cover and refrigerate overnight. Bring to room temperature before serving.)* Serve with purchased foccacia. Makes 2 cups.

Per tablespoon: 15 calories, 1 g total fat, 0 g saturated fat, 0 mg cholesterol, 38 mg sodium, 1 g carbohydrates, 0 g protein, 2 mg calcium, 0 g fiber

ARUGULA PESTO DIP

Arugula is a wonderful peppery alternate for basil in pesto. Thoroughly dry the leaves before pureeing the mixture in the blender.

Total prep time: 30 minutes
EASY

- 1½ cups fresh parsley leaves
- 1 cup arugula leaves (2 ounces)
- ½ cup olive oil

(continued)


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A no-hassle meal with no messy clean-up and no missing moms.



All American Chicken and Vegetable Dinner

1 Reynolds® Hot Bags® Foil Bag, large size
1/4 cup water
1 tablespoon flour
1/2 cup grated Parmesan cheese
2 teaspoons garlic salt
1 teaspoon paprika
1/2 teaspoon pepper (optional)
9 bone-in, skinless chicken pieces
3 ears fresh corn-on-the-cob, halved
1/2 lb. fresh green beans, cut in pieces
1 onion, cut in eighths

***PREHEAT** grill to medium-high or oven to 450°F.*

***MIX** water and flour; add to bag. Mix cheese and spices; sprinkle half over chicken. Place in bag in an even layer. Mix vegetables with remaining spice mixture; arrange on top of chicken.*

***TO SEAL,** double fold open end of bag; place in a 1-inch deep pan.*

***TO COOK,** slide bag onto grill or leave in pan and place in oven. **GRILL** 30 to 35 minutes in covered grill **OR BAKE** 55 to 60 minutes in oven.*

***USE OVEN MITTS** and a knife to cut open bag. Fold back top for steam to escape.*

Makes 5 to 6 servings.

For more no-hassle meal ideas: reynoldskitchens.com 1-800-745-4000

PATIO PARTIES
Continued

1/3 cup toasted pine nuts
1/4 cup freshly grated Parmesan cheese
2 tablespoons fresh lemon juice
1/4 teaspoon salt
Assorted crudités (vegetables) such as endive, radishes, asparagus, yellow bell pepper and carrots

Puree all ingredients except crudités in blender, scraping down sides with rubber spatula, until smooth. *(Can be made ahead. Transfer pesto to an airtight container. Refrigerate up to 3 days. Bring to room temperature before serving.)* Serve with assorted vegetables. Makes 1 cup.

Per tablespoon: 85 calories, 8.5 g total fat, 1.5 g saturated fat, 1 mg cholesterol, 67 mg sodium, 1 g carbohydrates, 2 g protein, 35 mg calcium, 1 g fiber

POTTED SHRIMP

There's a good amount of butter in classic potted shrimp, but not in this version. We add jalapeño chiles, cumin and oregano to pump up the flavor.

Prep time: 20 minutes
Cooking time: 4 to 5 minutes
EASY

1 tablespoon butter or margarine
1 large jalapeño, seeded and minced
2 teaspoons minced garlic
1 pound large shrimp, peeled and deveined
1/4 teaspoon cumin seed
1/4 teaspoon oregano
3/4 teaspoon salt
3 tablespoons mayonnaise
Assorted crackers

1. Melt butter in large nonstick skillet over medium heat. Add jalapeño and garlic, cook 30 to 40 seconds, until mixture is fragrant and just beginning to color. Add shrimp and cook, one minute per side. Add cumin, oregano and salt; cook stirring, 1 minute more just until opaque.
2. Transfer shrimp mixture to food processor; pulse until finely chopped. Transfer to bowl; stir in mayonnaise. Pack into a serving bowl, and with a rubber spatula, smooth top. *(Can be made ahead. Cover and refrigerate up to 24 hours. Let stand at room temperature 1 1/2 hours before serving.)* Serve crackers. Makes 2 cups.

Per serving: 25 calories, 1.5 g total fat, 0.5 g fat, 19 mg cholesterol, 83 mg sodium, 0 g carbo 2 g protein, 7 mg calcium, 0 g fiber

MARINATED GRILLED ST

To infuse this top round steak unforgettable flavor, we marin with balsamic and sherry vinegar oil, garlic and basil.

Prep time: 15 minutes plus marinat and standing
Grilling time: 14 to 17 minutes
EASY, LOW CALORIE

5 large garlic cloves, chopped
3 tablespoons olive oil
2 tablespoons balsamic vinegar
2 tablespoons sherry vinegar
3/4 teaspoon salt
1/2 teaspoon freshly ground pepper
1/2 cup thinly sliced fresh basil leaves
1 (2-lb.) beef top round steak (abou 1 1/2 inches thick)
Fresh parsley sprigs, for garnish

1. Combine all ingredients e steak in a shallow baking dish steak, turn several times. Cove marinate in the refrigerator 30 utes. *(Can be made ahead. Refri turning occasionally, overnight.)*
2. Heat grill. Turn steak and let at room temperature 30 mi (1 hour if refrigerated overnight).
3. Remove steak from marinad ting excess marinade and garlic back into pan. (Do not discard nade.) Grill steak 6 minutes, tur brush with some of marinade pieces of garlic. Grill 5 minutes. steak again and grill 3 to 6 mi more, until an instant-read therm ter reaches 135°F. when insert center of steak for medium- Transfer steak to cutting boar stand 5 minutes before slicing. G if desired. Makes 8 servings.

Per serving: 230 calories, 13 g total fat, 3.5 g s fat, 69 mg cholesterol, 268 mg sodium, 1 g carbo 25 g protein, 19 mg calcium, 0 g fiber

FRESH SUGAR SNAPS AN ASPARAGUS

The crisp, clean flavor of fresh snaps and asparagus shines throu

elegant salad tossed with dill and
ard dressing.

time: 20 minutes
ing time: 3 to 5 minutes per batch

und sugar snaps, trimmed
pounds asparagus, trimmed
lespoon fresh lemon juice
lespoon white wine vinegar
aspoon Dijon mustard
aspoon sugar
easpoon salt
easpoon freshly ground
epper
up olive oil
blespoons finely chopped red
nion
aspoons chopped fresh dill

Bring a large saucepan three quarters
of water to boil. Add sugar snap
s and cook until sugar snaps turn
ght green and are still crunchy,
inutes. Transfer sugar snaps with a
ted spoon to a bowl filled with iced
ter. (Reserve cooking water.) Re-
n cooking water to a boil; add as-
agus and cook until tender but still
sp, 4 to 5 minutes. Transfer aspara-
s to bowl of iced water. Drain sugar
ps and asparagus; transfer to a pan
ed with paper towels.

Cut asparagus into 2-inch diagonal
ces. Transfer asparagus and sugar
ps to large serving bowl.

Whisk together lemon juice, vine-
r, mustard, sugar, salt and pepper in
edium bowl. Slowly whisk in oil un-
well blended *(Can be made ahead.*
over vegetables and dressing separately
th plastic wrap and refrigerate overnight.
eturn dressing to room temperature before
ing.) Rinse onion under cold run-
ng water; drain. Toss asparagus and
gar snaps with onions, dill and dress-
g. Serve immediately. Makes 6 cups.

serving: 101 calories, 7 g total fat, 1 g saturated fat,
g cholesterol, 161 mg sodium, 7 g carbohydrates, 3 g
tein, 41 mg calcium, 2 g fiber

OUSCOUS SALAD

aeli ("grande") couscous can now be
und in the ethnic section of many
permarkets and makes a great alter-
tive for pasta in this festive salad.

ep time: 20 minutes plus cooling
oking time: 10 to 12 minutes
SY *(continued)*



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4 cups water
1 teaspoon salt, divided
1 package (8.5 oz.) Israeli (grande) couscous* or acini di pepe pasta
1 yellow bell pepper, halved
1 red bell pepper, halved
2 tablespoons olive oil
2 tablespoons thinly sliced garlic
½ cup fresh parsley leaves, chopped
1 tablespoon red wine vinegar
½ teaspoon grated lemon peel
1 teaspoon fresh lemon juice
½ teaspoon freshly ground pepper

1. Bring 4 cups water and ½ teaspoon salt to boil in medium saucepan. Add couscous, cover and simmer until cooked through, but still firm to the bite, 10 to 12 minutes. (If using pasta, cook according to package directions.) Drain couscous; transfer to large bowl.
2. Meanwhile, heat broiler. Line a broiler pan with foil. Place peppers cut side down on prepared pan. Broil until skins are evenly charred; 8 to 10 minutes. Wrap in foil; cool 20 minutes. Peel and discard skins. Dice peppers; toss with couscous to combine.
3. Heat oil over low heat in a small skillet; add garlic and cook until garlic softens and becomes fragrant, 3 to 5 minutes. Remove from heat. Stir garlic and oil with parsley, vinegar, lemon peel, lemon juice, remaining ½ teaspoon salt and pepper into couscous until well blended. *(Can be made ahead. Cover and refrigerate overnight. Let stand at room temperature 2 hours before serving.)* Makes 5 cups.

Per cup: 245 calories, 6 g total fat, 1 g saturated fat, 0 mg cholesterol, 475 mg sodium, 41 g carbohydrates, 7 g protein, 31 mg calcium, 2 g fiber

*ISRAELI COUSCOUS IS AVAILABLE IN SUPERMARKETS, SPECIALTY FOOD STORES OR CALL INDIAN HARVEST AT 800-294-2433 (WWW.INDIANHARVEST.COM)

LEMONADE FRUIT SALAD

We tossed pineapple, grapes, cherries and mango in a light lemony sugar syrup, but feel free to use any fruit available at your local market.

Prep time: 25 minutes
Cooking time: 1 to 2 minutes
EASY, LOW FAT, LOW CALORIE

½ cup water
3 tablespoons sugar
2 teaspoons grated lemon peel
1 teaspoon grated orange peel
1 tablespoon fresh lemon juice
1 pineapple (4 lb.) peeled, cored and cut into ¾-inch pieces
1½ pounds red seedless grapes
1 pound fresh Bing cherries, pitted
1 mango, peeled, pitted and diced

1. Bring water and sugar to a boil in a small saucepan; stir to dissolve sugar. Add lemon and orange peels; cool to room temperature.
2. Transfer syrup to a large bowl; stir in lemon juice and fruits. *(Can be made ahead. Cover and refrigerate up to 6 hours.)* Makes 12 cups.

Per serving: 90 calories, 0.5 g total fat, 0 g saturated fat, 0 mg cholesterol, 2 mg sodium, 23 g carbohydrates, 1 g protein, 12 mg calcium, 2 g fiber

ICE CREAM SANDWICHES

Indulgent But Worth It



Everybody loves ice cream sandwiches—especially when they're fudgy brownie ice-cream treats like these. We combine strawberry and vanilla ice creams for a taste and visual treat.

Prep time: 35 minutes plus freezing
Baking time: 12 to 13 minutes
MODERATE, MICROWAVE USED

8 tablespoons butter or margarine
4 ounces unsweetened chocolate squares, broken in half
1 cup granulated sugar
½ teaspoon vanilla extract
2 large eggs
1 cup all-purpose flour
¼ teaspoon baking powder
Pinch salt
1 pint premium vanilla ice cream
2 pints premium strawberry, chocolate or dulce de leche ice cream
Confectioners' sugar, for garnish

1. Heat oven to 325°F.
2. Line a 15½x10½x1-inch jelly-roll pan with foil; lightly grease foil.
3. Combine butter and chocolate in medium microwaveproof bowl; microwave on High 2 minutes. Let stand 5 minutes; stir until smooth. Stir in sugar and vanilla. Beat in eggs with a wooden spoon until blended; then beat in flour, baking powder and salt until well combined.
4. Spread batter evenly in prepared pan. Bake 12 to 13 minutes until brownie is set in center. Cool completely on wire rack.
5. Invert brownie onto cookie sheet; peel off foil and freeze 30 minutes.
6. Meanwhile, soften vanilla ice cream in the refrigerator 15 minutes. Line the same jelly-roll pan with plastic wrap. Spread softened vanilla ice cream evenly over one half of pan (it should be approximately 10½ x 7½ inches). Freeze 1 hour.
7. Soften strawberry ice cream in refrigerator 15 minutes. Evenly spread over remaining half of pan next to vanilla ice cream. (The strawberry layer will be thicker than the vanilla, but that's okay.) Freeze 1 hour.
8. Remove ice cream and brownie from freezer. Invert ice cream evenly onto brownie, remove pan and press lightly on the top of the wrap to adhere. Peel off wrap. Cut brownie and ice cream rectangle in half crosswise (each half should be a different ice cream flavor). Invert one half, ice cream side down, onto other half to form a sandwich. Freeze 30 minutes. Cut rectangle into quarters; then cut each quarter in half to make 8 sandwiches. Transfer sandwiches to jelly-roll pan. Cover top of pan with heavy-duty foil and freeze overnight. *(Can be made ahead. Freeze up to 2 days.)* Just before serving, decoratively sprinkle tops of sandwiches with confectioners' sugar, if desired. Makes 8 sandwiches.

Per serving: 620 calories, 39 g total fat, 23.5 g saturated fat, 152 mg cholesterol, 230 mg sodium, 66 g carbohydrates, 9 g protein, 161 mg calcium, 3 g fiber ■

Recipes developed by Jane Yagoda Goodman and Cynthia DePersio



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Berry TREASURES

Packed with four varieties, this pie makes the most of the season's bounty

What better way to celebrate the arrival of fresh strawberries, blueberries, blackberries and raspberries than by cooking them all up in one scrumptious—one-crust!—pie.

FOUR-BERRY PIE

Prep time: 35 to 40 minutes plus chilling
Baking time: 18 minutes
EASY

Pastry
- 1 cup all-purpose flour
- 6 tablespoons cold butter, cut into small pieces
- ⅓ cup sour cream

Filling
- 2 cups fresh blueberries, divided
- Water
- ½ cup sugar plus 1 tablespoon sugar, divided
- 2 tablespoons cornstarch
- ½ teaspoon grated lemon peel
- 1 teaspoon lemon juice
- Pinch salt
- 1 cup fresh raspberries
- 1 cup fresh blackberries
- 1 cup small strawberries, hulled and halved

1. *Make pastry:* Pulse flour and butter in a food processor until mixture is crumbly. Add sour cream; pulse until pastry begins to hold together. Shape pastry into a thick disk, wrap and refrigerate 1 hour.

2. *Make filling:* Combine 1 cup blueberries, 6 tablespoons water and ½ cup sugar in a saucepan. Cover and bring to a boil. Uncover, reduce heat and simmer 3 minutes. Stir 2 tablespoons water and cornstarch in a cup until smooth. Stir into fruit mixture. Add lemon peel, juice and salt. Simmer, stirring, 1 minute until thickened.

3. Pour filling into a large bowl. Fold in remaining blueberries, raspberries, blackberries and strawberries. Pour filling into a 9-inch pie plate; cool.

4. Roll pastry into a 12-inch circle; transfer to a cookie sheet. Using a 10-inch cake pan or lid as a guide, trim pastry into a 10½-inch circle. Tuck edge of circle and flute; cut into 8 wedges. Refrigerate 30 minutes.

5. Heat oven to 400°F. Brush wedges with water; sprinkle with 1 tablespoon sugar. Bake 15 minutes, until golden. Cool. Makes 8 servings.

Per serving: 265 calories, 11 g total fat, 6.5 g saturated fat, 27 mg cholesterol, 113 mg sodium, 40 g carbohydrates, 3 g protein, 31 mg calcium, 3 g fiber ■

Recipe by Sarah Reynolds



GOOD PICKINS'
1. Strawberry: Any size is sweet; pick plump, bright red fruit, fresh green caps.
2. Raspberry: Fuchsia fruit with a soft, slightly downy appearance.
3. Blackberry: Big, juicy, glossy purple-black berry.
4. Blueberry: The whitish "bloom" means it's fresh.
5. Wild Blueberry: Smaller, more intense flavor.
6. Red Currant: Tart, translucent red berry.

PHOTOS FROM TOP: ALISON MIKSCH; RITA MAAS; FOOD STYLIST: MADHAVI GAVIRNENI; PROP STYLIST: [illegible]



SURE•JELL® QUICK 'N EASY STRAWBERRY JAM

Prep: 30 minutes
Makes: About 6 cups jam

1 quart ripe strawberries, mashed • 4 cups sugar (Do not reduce sugar.)
3/4 cup water • 1 box SURE•JELL Fruit Pectin

MEASURE 2 cups mashed strawberries into large bowl. (Save any remaining fruit for another use.) Stir in sugar. Let stand 10 minutes, stirring occasionally.

MIX water and pectin in small saucepan. Bring to boil on high heat, stirring constantly. Continue boiling and stirring for 1 minute. Stir into fruit mixture. Stir 3 minutes or until sugar is completely dissolved.

FILL plastic containers quickly to within 1/2 inch of tops; cover with lids. Let stand at room temperature 24 hours. Jam is ready to use. Refrigerate up to 3 weeks or freeze up to 1 year; thaw in refrigerator.

For more great recipes, visit **www.surejell.com**



OFF THE SHELF



RICOTTA SOUFFLE PIE

This recipe combines ricotta and Parmesan cheeses with Stouffer's Spinach Soufflé, to keep prep time minimal. It's all baked up in a flaky piecrust for deliciously light fare on a warm summer day.

Prep time: 12 minutes
Baking time: 32 to 34 minutes
EASY, MICROWAVE USED
LOW CALORIE

1 package (12 oz.) Stouffer's frozen Spinach Soufflé
1 container (15 oz.) ricotta cheese
1/2 cup freshly grated Parmesan
1/4 teaspoon fresh garlic, minced
1/4 teaspoon nutmeg
1/4 teaspoon salt
1/4 teaspoon freshly ground pepper
9-inch frozen deep-dish pie shell

1. Arrange oven rack on lowest rack. Place a cookie sheet on rack. Heat oven to 425°F.

2. Start to prepare Stouffer's frozen Spinach Soufflé according to package directions for the microwave *except* microwave only 5 minutes, until edges begin to puff and center is defrosted.

3. Combine soufflé, ricotta, Parmesan, garlic, nutmeg, salt and pepper in large bowl until well mixed. Pour into pie shell, spreading top evenly with a rubber spatula. Place pie on the cookie sheet and bake 32 to 34 minutes until crust is brown and filling is puffed (center may not puff, but that's okay). Makes 6 servings.

Per serving: 350 calories, 22.5 g total fat, 11 g saturated fat, 103 mg cholesterol, 669 mg sodium, 20 g carbohydrates, 16 g protein, 307 mg calcium, 1 g fiber

ASK THE KITCHEN PROS

Q Can I use those new vegetable spreads instead of butter or margarine in baking—particularly for my favorite chocolate chip cookies?

A Only Benecol and Smart Balance are recommended for baking, cooking or frying, according to their labels; Take Control is not. When we baked them in our test kitchen, we found that cookies made with Benecol or Smart Balance tasted best when the optional walnuts or pecans were added to a basic Toll House recipe. Smart Balance is about $1.99 for a one-pound tub. Benecol is a bit pricier than butter or margarine (suggested retail price is $4.99 for an 8 oz. tub), but if you're trying to follow certain dietary guidelines—and don't want to completely give up your favorite cookies—call it the cost of compromise.

pasta's new shape-up

THIS TRENDY TRIO IS POPPING UP ON RESTAURANT MENUS ALL OVER—AND ON GROCERY SHELVES TOO



Elongated shells with ridges. Ideal for chunky homemade vegetable or meat sauces



TRIPOLINA LUNGA
Long strands of pasta, with one straight edge, one curly like lasagne, which, unlike traditional spaghetti, can collect and hold pieces of tomato



CAMPANELLE
Horn-shaped with slight ruffles; terrific with basic marinara from a jar

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They don't know what they're missing.





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OFFICIAL RULES: No purchase necessary. **Submit an original photograph of a funny food face that uses French's Mustard. Include entrant's name, address and telephone number. All entries must be received by 9/30/2000. Entries should be mailed to FRENCH'S "Funny Food Face" Contest, 411 Park Street, Upper Montclair, NJ 07043.** Entries will be judged on creativity and adherence to the "Funny Face" theme equally weighed. Employees of Reckitt Benckiser Inc. ("RB"), their agencies, and immediate families of each are not eligible. Only one entry per person. Entries become the property of RB and will not be returned. RB will not be responsible for lost, destroyed or stolen entries. Two Grand Prize winners (one under 18 and one 18 or older) will be selected; judges' decisions are final. Under 18 Grand Prize winner must obtain parental consent. Each Grand Prize winner will receive round trip airfare for two to New York area airport from airport nearest winner's location and a 2-night hotel stay in NYC, plus they will have their art on display at The Children's Museum of Manhattan, attendance at a reception, and a cash prize of $2,500 (est. tot. value: $7000); no cash substitutions. 50 finalists wi selected and receive a $50 US Savings Bond. All winners wi notified by phone and mail around 10/15/2000. Winners (and t companions) must execute an affidavit of eligibility/assignme copyright and consent to use of name and photographs. T recipients must execute releases of liability and are responsibl all other expenses while on trip. Void where prohibited. Winn solely responsible for all taxes. To request name of winner, wri address above, including a SASE. ©2000 Reckitt Benckiser Inc.

insidethejournalkitchen

NUTRITION NOTES

CALCIUM CHEWS

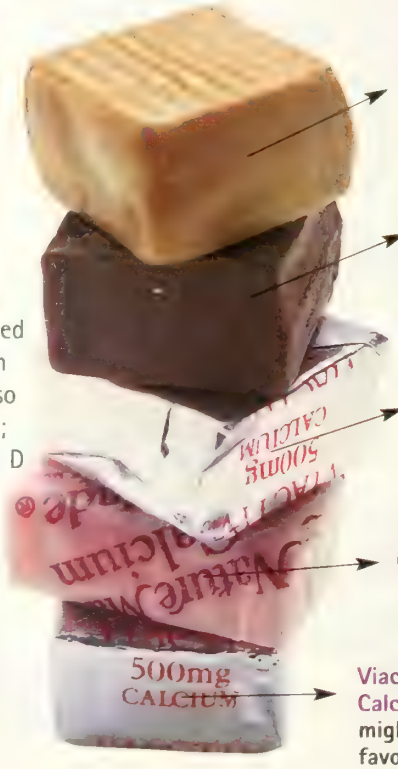
THEY'RE A NEW, NONDAIRY WAY TO GET YOUR SHARE OF THIS IMPORTANT MINERAL. HOW DO THE LITTLE BITES STACK UP?

Calcium is essential for maintaining strong, healthy bones and preventing osteoporosis later in life. But as a woman ages, her calcium requirements change: For women aged twenty-five to fifty, experts recommend 1,000 mg daily; pregnant and breast-feeding women need 1,200 mg a day. The number increases to 1,500 mg for postmenopausal women not taking estrogen (those on estrogen need 1,000 mg).

Each chew we taste-tested contains 500 mg of calcium (the Nature Made brand also contains 200 I.U. vitamin D; Viactiv has 100 I.U. vitamin D and 40 mcg vitamin K*). The chews are available in 60-count containers for $6.69–$7.99, or 10-piece packs for $1.49–$1.89.

Right, how our testers rated the chews.

** Check with your doctor before using calcium supplements.*



Viactiv Caramel Soft Calcium Chew Has subtle flavor and chewy texture of a caramel; 20 calories

Nature Made Chocolate CalBurst Cocoa-like, chocolate-candy flavor; 15 calories

Viactiv Mochaccino Soft Calcium Chew Love really strong coffee? Then this is the chew for you, say our testers; 20 calories

Nature Made Cherry CalBurst Soft texture and bubblegum flavor; 15 calories

Viactiv Milk Chocolate Soft Calcium Chew Chocoholics might mistake this for their favorite treat; 20 calories

PHOTO: MARK BERENSON

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NUTRITION GUIDE Calorie and nutrient analysis appears at the end of each of our recipes to help you plan well-balanced meals.

DAILY GOAL

Calories	2,000 (F) 2,500 (M)	Cholesterol	300 mg or less
		Sodium	2,400 mg or less
Total fat	60 g or less (F) 70 g or less (M)	Carbohydrates	250 g or more
		Protein	55 g to 90 g
Saturated fat	20 g or less (F) 23 g or less (M)	Calcium	1,000 mg
		Fiber	20 g to 35 g

GOTTA-HAVE-IT GADGET

THE RASP

Need just a bit of lemon or a little orange zest? To separate the peel from the pith, we love Microplane's rasp. A gentle scrape with this twelve-inch stainless-steel grater blade lifts delicate wisps of zest with very little effort—and no unwanted white. Available in [illegible]

Frozen lemonade or fresh squeezed?

Store bought dessert or homemade?

Paper plates or Chinet?



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Revlon Age Defying Sweepstakes

Official Rules

1. NO PURCHASE NECESSARY TO ENTER OR WIN.
2. Open to legal U.S. residents 18 years of age or older. Employees of Revlon and Meredith Corporation, their immediate families and those living in their same households, and any of their affiliate companies, parents, subsidiaries, advertising and promotion agencies are not eligible.
3. To Enter: You do not have to purchase a Revlon product in order to enter. Print your name, complete address, and daytime telephone number on a 3x5-inch card or paper and mail with or without an original receipt for any Revlon Age Defying product dated May 9, 2000, or later in an envelope to: Revlon Age Defying Sweepstakes, *Ladies' Home Journal*, 125 Park Avenue, New York, NY 10017. One entry per person. Each entry must be in a separate, first-class, stamped envelope. No copies, facsimiles or mechanical reproductions will be accepted. Only one entry per envelope will be considered. Not responsible for lost, late, incomplete, damaged, illegible, postage-due, stolen or misdirected mail/entries. Entries must be received by July 31, 2000. By participating, entrants agree to abide by these Official Rules.
4. Drawing: Winner will be selected in a random drawing, conducted under the supervision of Meredith Corporation, whose decisions are final, to be held on or about August 15, 2000 from among all eligible entries received. Winner will be notified by mail. Winner may not substitute, assign or transfer prize, or redeem prize for cash, except at sponsor's discretion.
5. Prize: Grand (1): 3-Day/2-Night Getaway Package for two (2) to New York City. Prize consists of round-trip coach air transportation for two (2) (from major gateway city nearest winner's residence) to New York, New York (or car rental for a maximum of three (3) days if winner lives less than 120 miles from New York City. Winner must be able to provide documentation required by car rental company.) and one deluxe room hotel accommodation for two (2) nights. Travel must be taken by August 31, 2001. Travel and accommodations subject to availability, and certain restrictions and blackout periods may apply. If winner cannot take the trip before the specified date, prize will be forfeited and an alternate winner selected. Meals, gratuities and all other expenses not specified are solely the responsibility of the winner. Approximate retail value (ARV): $2,500. Odds of winning depend on the number of eligible entries received. Estimated circulation of this offer is 4,100,000.
6. General Conditions: Grand Prize winner will be required to sign and return an affidavit of eligibility and liability release, and, where lawful, a publicity release within 14 days of notification, or prize will be forfeited and awarded to an alternate winner. Void where prohibited. Travel companion (or, if a minor, their parent/guardian) must sign and return a liability and publicity release, where lawful, prior to issuance of travel documents. Winner, by acceptance of prize, agrees that Revlon and Meredith Corporation, and any of their affiliate companies, parents, subsidiaries, advertising and promotion agencies, and all of their respective officers, directors, employees, representatives and agents will have no liability whatsoever for, and shall be held harmless by winner against, any liability for any injuries, losses, or damages of any kind to persons, including death, or property resulting in whole or in part, directly or indirectly from acceptance, possession, misuse or use of the prize or participation in this sweepstakes or participation in any sweepstakes- or prize-related activity. Except where legally prohibited, winner grants permission for Revlon and those acting under its authority to use his/her name, photograph, voice and/or likeness, for advertising and/or publicity purposes without additional compensation. Taxes on the prizes are solely the responsibility of the winner. Subject to all federal, state and local laws and regulations. Void where prohibited.
7. For a winner's list, available after August 15, 2000, hand-print your name and complete address on a 3x5-inch card and mail in an envelope for receipt by September 15, 2000, to: Revlon Age Defying Sweepstakes, *Ladies' Home Journal*, 125 Park Avenue, New York, NY 10017.
8. Sponsored by Revlon, 625 Madison Avenue, New York, NY 10022 and promoted by Meredith Corporation, 1716 Locust Street, Des Moines, IA 50309-3023.



HILLARY NOW

Continued from page 148

get jobs in the *Fortune* 500, but [illegible] are still beset by these culturally [illegible] duced anxieties.

LHJ: How did you guard against [illegible] with Chelsea?

HRC: In my book *It Takes a Vil[illegible] And Other Lessons Children Teach* [illegible] described what I think are the b[illegible] rules of child rearing: Provide the [illegible] balance of discipline and love [illegible] guidance. Be authoritative and not [illegible] thoritarian. And invest time in y[illegible] child. It's really old-fashioned stuff.

LHJ: What's the biggest challeng[illegible] motherhood?

HRC: It's a delicate balance to be [illegible] worrier but also to recognize that [illegible] can't control everything. You c[illegible] even control everything in a t[illegible] week-old's life, let alone a twen[illegible] year-old's life. But I can't imagine [illegible] having been a mother—the things [illegible] learned about myself, and the kind [illegible] person I am. You see yourself reflec[illegible] in your child as she grows through [illegible] ferent stages. And you have to be c[illegible] stantly aware of what your stre[illegible] feelings are without smothering [illegible] little person. I think in some ways [illegible] harder now.

LHJ: Why do you think that is?

HRC: I've talked to my mother [illegible] my mother's friends. They had a lot [illegible] work to do around the house. Th[illegible] didn't have a lot of time to sit arou[illegible] and worry about their child's IQ.

We now live in a time where be[illegible] a mother and raising a child can b[illegible] separate task, because so much e[illegible] [around the house] is taken care of [illegible] labor-saving devices or by delegatio[illegible] We put so much effort and worry in[illegible] our children that many of the difficu[illegible] ties a lot of us feel are because [being [illegible] mother] is so consuming now.

LHJ: Do you think you have chang[illegible] the "office" of First Lady? Wh[illegible] achievements are you most proud of?

HRC: This is the most unusual po[illegible] tion. It is not really written down an[illegible] where what you're supposed to d[illegible] Each person has to mold it to fit h[illegible] needs and desires. Some of my pred[illegible] cessors have been totally devoted [illegible] their husbands and their families. Son

been very active in the public
a. Some have tried to balance a lit-
it of both.
ve been very grateful that I've
n involved in extending health
to children and changing the
em, making it easier for people
lose their jobs to keep their health
rance.
nd I've been very pleased that I've
a role in helping to change the
ption and foster care system. It's
ething I've worked on ever since I
a law student. We're trying to
ed up the process, provide more tax
entives for adoption and help kids
o age out of foster care—keeping
support system in place so they're
left out on their own.

J: Do you have any regrets? Is there
particular issue you wish you had
kled but didn't?

C: There are only so many hours
the day! We still have a lot of work
do. Our public schools are not
ere they should be. Our health-care
tem doesn't take care of everyone.
e still have too many guns and
y fall into the hands of criminals
d children.

J: Why did you decide to run for
ator from New York?

C: I'm more convinced than ever
t it matters who votes in the Senate.
e economic plan in 1993 passed by
y one vote, and it made a huge dif-
ence in the quality of life for many
us. The Family and Medical Leave
t was vetoed twice before it was
sed and signed into law. The crime
was passed by a very small margin.
when people from New York in-
ed me to consider this, I was very
prised, but I listened.

J: You're not from New York.
at do you say to people who call
a carpetbagger?

C: I've always wanted to live in
w York. I had hoped and planned
ive there after the White House.

J: There have been news reports
d polls showing that you've had
uble with female voters. Why do
think that is?

C: I think I have to earn the vote of
ry New Yorker. I respect people
o say, "I want to make sure that
she's doing it for the right reasons.
That she cares about people like me,
that she understands what my life is
like and that she'll fight for me and my
family in the U.S. Senate."

LHJ: What will you do if you don't
win?

HRC: I'll probably be connected with a
foundation or academic institution in
some way. I'll support the same is-
sues—raising the minimum wage, ex-
panding the earned income-tax credit
for poor working people and putting
more teachers into the classroom to
lower class size in our public schools.

LHJ: You and your husband have lived
in public housing since 1983, when he
was elected governor of Arkansas the
first time. What were the most mean-
ingful objects you unpacked after so
many years when you moved into
your new home?

HRC: I don't even know where to
start. Old rocking chairs, old tables, old
clocks, just everything. We have been
going through twenty-five years of
marriage, finding gifts that were given
to us when we were first married.
There were a lot of old pictures we
hadn't seen for a while, a lot of knick-
knacks, memorabilia.

LHJ: It must feel good to finally have
your own place.

HRC: It's nice having our own house,
and having our things around us. The
challenge is fitting everything in.
We've accumulated a lot of things.
We're both pack rats.

As our conversation ends, Clinton sud-
denly asks me my newborn daughter's
name. She's just spoken by phone to
twenty-year-old Chelsea, who was in
India accompanying her father on a
tour of Southeast Asia. "You won't
believe how fast [childhood] goes," she
tells me sadly. "Each stage is great."

Clinton graciously escorts me to the
elevator and wishes me good luck in
my role as new mom. Then Hillary
Rodham Clinton, one of the most
controversial women of our time,
walks back alone through her soon-to-
be former home. ■

Meredith Berkman is a columnist for the New York Post.



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Where You Belong Sweepstakes

Official Rules

NO PURCHASE NECESSARY TO ENTER OR WIN
A PURCHASE DOES NOT INCREASE YOUR CHANCES OF WIN-

postmarked by 6/30/00 and received by 7/7/00. By entering, you agree to be bound by the official rules and judges' decisions. To enter: Print your name, complete address, age, and daytime telephone number on a postcard and mail to: *Ladies' Home Journal*, "Where You Belong" Sweepstakes, P.O. Box 9230, Medford, NY 11763-9230. Only one entry per person. Incomplete, incorrect, illegible or mutilated entries automatically disqualified. Sponsor is not responsible for lost, late, misdirected, incomplete, stolen, damaged, altered, illegible or postage due entries. All entries submitted become the property of Meredith Corporation and Doubleday and will not be returned or acknowledged.

ELIGIBILITY: Sweepstakes open to legal residents of the 50 United States and the District of Columbia age 18 or older. (Sponsor and Promoter: Meredith Corporation, 1716 Locust Street, Des Moines, IA 50309; Promoter: Doubleday 1540 Broadway, New York, NY 10036.) Employees of Meredith Corp., Doubleday, their agents, affiliates, subsidiaries, retailers, distributors, advertising & judging agencies and immediate families or persons residing in the same household are not eligible to participate. All participants and/or entrants release the sponsors, their advertising and promotion agencies and all affiliated companies and all of their employees, officers, directors and shareholders from and against all claims and damages arising in connection with their participation and/or entry in the sweepstakes.

Odds of winning depend on the number of eligible entries received. Estimated circulation of this offer is 4.1 million.

WINNER SELECTION: Drawing will be conducted under the supervision of Ventura Associates, Inc., whose decisions are final and binding in all matters relating to this sweepstakes.

PRIZE DESCRIPTION: One (1) Grand Prize: A 4 day/3 night trip for two to Paris, France. Trip includes one room, double occupancy hotel accommodations, round-trip coach airfare from/to major gateway nearest winner's primary residence and $500 spending money. Approximate retail value: $3,500; Actual value depends on point of departure & current fares. Trip is valid 8/15/00 to 8/15/01. Certain black out dates and restrictions may apply. Trip must be taken as specified in this offer or winner must forfeit all rights to prize. Meals, gratuities, expenses and incidentals not mentioned herein are Grand Prize winner's responsibility. Winner and travel companion are also responsible for all travel documents (e.g. passports, visas, etc.) prior to travel. Ten (10) First Prizes: An autographed copy of Barbara Taylor Bradford's newest book "Where You Belong"; (ARV: $24.95 each) and the three volume collector's set on home video of "A Woman of Substance"; (ARV: $39.95 each). One Hundred (100) Second Prizes: The three volume collector's set on home video of "Hold the Dream"; (ARV: $39.95 each.) Total approximate ARV of all prizes: $8,144.00.

GENERAL: The winners will be selected in a random drawing on or about 7/12/00 from among all eligible entries received. Winners will be notified by mail on or about 7/14/00 and be required to complete an Affidavit of Eligibility and Liability & Publicity Releases, except where prohibited by law within 10 days from the date printed on the notification letter or winner will be disqualified. Winner's travel companion must complete a travel release prior to travel. If prize notification is returned as undeliverable, winner will be disqualified and an alternate winner will be selected at random. Prizes are not transferable or redeemable for cash. The awarding of prize is contingent upon full compliance with the official rules.

Entry constitutes permission to use winner's name, entry, hometown, likeness, photograph, prize won, sweepstakes submission and statements regarding the sweepstakes for editorial, public relations, promotional and advertising purposes on behalf of Meredith Corporation and Doubleday without additional compensation, except where prohibited. By participating and winning a prize all participants agree that the prize is awarded upon the condition that sponsor, its parents, affiliates, subsidiaries and agencies and their respective directors, officers, or employees and agents will have no liability whatsoever for any injuries, losses or damages of any kind resulting from the acceptance, possession or use of any prize. Subject to all federal, state & local laws & regulations. Void where prohibited by law. All taxes, incidentals & other expenses associated with trip prize & not specified herein are the winner's sole responsibility.

WINNERS' LIST: For winners' names (available after 9/15/00), send a self-addressed, stamped envelope by 6/30/00 to: *Where You Belong Sweepstakes Winners*, P.O. Box 9231, Medford, NY 11763-9231.

Whirlpool & LHJ Most Remarkable Mom Contest

(continued from page 2)

Official Rules

1. **NO PURCHASE NECESSARY TO ENTER.** On a piece of 8 1/2 x 11-inch paper, print or type the following information: name, address, city, state, ZIP code, phone number, age, occupation and signature, and a statement explaining in 50-75 words the most remarkable mother you know and why. Children may also enter the contest to win the prize for their mom (or female guardian) and must provide their mother's/guardian's name and the above information about their mother/guardian. Parent or guardian must sign all children's entries. Children should describe in 50-75 words the most remarkable mother they know and why.

2. Mail entry to WHIRLPOOL's Most Remarkable Mom Contest, P.O. Box 39105, Chicago, IL 60639, or enter via E-mail by visiting WHIRLPOOL's Web site at *www.Whirlpool.com*. All E-mail entries must be received by midnight EDT, Friday, July 7, 2000. Mail entries must be postmarked by Friday, July 7, 2000, and received by July 14, 2000. No responsibility is assumed for lost, late, illegible, incomplete or misdirected mail; technical, hardware or software failures or errors of any kind; lost or unavailable network connections; or incomplete, garbled or delayed computer transmissions. If any prize-notification letter is returned as undeliverable or a response is not received within ten (10) days of notification, the prize will be awarded to an alternate winner. One entry per household or E-mail address allowed.

3. The contest is open to any resident of the U.S., except employees and their immediate families and households of Meredith Corporation; Whirlpool Corporation; Edelman Public Relations Worldwide; Publicis/Hal Riney Advertising and their divisions, subsidiaries or affiliates.

Grand Prizes: Three (3). 2 1/2-day, 2-night weekend for two in New York City (arriving Saturday, Oct. 7, 2000; departing Monday, Oct. 9, 2000). Approximate retail value: $3,000. Included are two (2) nights' accommodations in one deluxe hotel room, one (1) one-hour massage, one (1) one-hour facial, one (1) manicure and one (1) make up, Broadway show ticket, two Whirlpool appliances, Awards Luncheon and round-trip coach airfare to New York City from major gateway city nearest winner's residence. (All other expenses including transportation to and from nearest major airport are sole responsibility of winner.) Winner (parent/guardian if a minor) must sign Affidavit of Eligibility, Ownership and Liability Release and Publicity Release and assignment of all rights to entry to Ladies' Home Journal within 10 days of notification. Travel companion (parent/guardian if a minor) must sign Liability Release prior to issuance of tickets. Some travel restrictions may apply. Winner must depart on Saturday, Oct. 7, and return on Monday, Oct. 9. If winner is unable to travel on the dates specified, prize is forfeited and an alternate winner may be selected.

Second Prizes: (6): WHIRLPOOL washer and dryer sets. Approximate retail value: $900. Third Prizes: (6): WHIRLPOOL microwave oven and one-year LADIES' HOME JOURNAL subscriptions. Fourth Prizes: (20): one-year LADIES' HOME JOURNAL subscriptions.

4. All entries and materials submitted become the property of LADIES' HOME JOURNAL and WHIRLPOOL and will not be returned or acknowledged. The Most Remarkable Mom Contest entries will be judged on content, clarity of expression, interest to LADIES' HOME JOURNAL readers and general appeal. Entries must be original and not previously published. Winners will be selected by a panel designated by LADIES' HOME JOURNAL and WHIRLPOOL. All decisions of the judges are final. No correspondence or telephone inquiries about the contest or judging will be accepted. LADIES' HOME JOURNAL and WHIRLPOOL reserve the right to edit the winning entries.

5. Winners will be selected on or about August 21, 2000 and notified by mail the week of Aug. 28, 2000. Grandprize winners must consent to be available at the request of LADIES' HOME JOURNAL and WHIRLPOOL to participate and render services in photography/taping sessions and media interviews, except where prohibited. Winner also agrees by entering the contest to grant LADIES' HOME JOURNAL and WHIRLPOOL the right to use her entry, name, photos and voice in connection with editorial, public relations, promotional and advertising purposes, unless prohibited by law. The awarding of the prizes is contingent upon full compliance with the rules.

6. All federal, state and local laws and regulations apply. Void where prohibited. Applicable taxes are the sole responsibility of winner. Prize is not exchangeable or transferable. No substitution or cash in lieu of prizes except at the discretion of LADIES' HOME JOURNAL and WHIRLPOOL. For a list of winners' names and hometowns, send a separate self-addressed, stamped envelope after October 7, 2000, to LADIES' HOME JOURNAL, Most Remarkable Mom Contest, Winners List, 125 Park Avenue, 19th Floor, New York, NY, 10017.

"CAROLINE WAS A GIFT"

Continued from page 176

in for her first treatment. To show e how the chemotherapy worked, a technician dropped neuroblastoma on a slide then added the drugs. W she watched through a microscope, chemo invaded and killed the cancer c

Caroline grinned from ear to "That's neat," she said. "Let's do it.

"That began the war of our liv recalls Deborah. An IV line was su cally inserted into Caroline's chest, her five-month course of chemoth py began. The treatments depleted system, causing her hair to fall out her weight to plummet from seven seven pounds to sixty. "I beca obsessed with nutrition, cooking a thing I thought she would eat," members Deborah. One of Caroli favorites: crab and lobster for breakf

After two weeks of radiation and operation to remove Caroline's adre gland, the primary site of the can doctors withdrew her bone marr cleansed it of cancer cells, and injec it back into her body.

Meanwhile, Deborah and Ra struggled to take Caroline's mind the cancer. "We made a pact to l each day to the fullest," Deborah sa When they were in New York for pointments with Dr. Cheung, th went to Broadway shows and walk through Central Park. It was the Caroline made one of her happi discoveries: a patch of four-le clovers. "I took it as a good lu sign—that Caroline would be right," says Deborah.

That November, Deborah, who h won re-election, returned to Congre Meanwhile, Caroline seemed to flourishing. In March 1999, the fam got the news from doctors they'd be longing to hear: Although Caroli would still need antibody treatmer and to be closely monitored, she w in clinical remission.

Their lives slowly began to return normal. By summer, Caroline h gained weight and her hair was grov ing back. Having missed third grad she bubbled with excitement they shopped for school cloth and planned her ninth birthda

n ı loor rock-climbing party.

Here was one worry—Caroline
was getting headaches that wouldn't go
wy. But blood tests at Columbus
Children's Hospital found no evidence
the cancer had returned.

We weren't ready to declare victo-
Deborah says. "But we were filled
n hope."

TING GO

rything changed on August 24,
oline's second day of school.
ldenly, she was slurring her words
her balance was off," says Debo-
"It felt like someone had punched
n the stomach."

eborah called Dr. Cheung, who
her to rush Caroline to Columbus
ldren's Hospital for an MRI.
roline did not want to go," recalls
orah. "She cried, she screamed."

t first, the doctors saw nothing
ming on the MRI. They said the
ptoms were possibly a delayed re-
on to her treatment.

The family celebrated by going out
dinner. But at ten P.M., the phone
g. The doctors had reassessed Caro-
's MRI. They wanted her admit-
immediately.

Caroline wasn't so much scared as
was angry," remembers Randy.
e wanted to go to school, not to
hospital."

Please, let it be anything but the
cer, they prayed.

As the doctors ran a series of tests on
roline, her condition began to
rsen. She lost the feeling in one arm
suffered from incredible head-
es. Pain wracked her body.

Finally, the doctors told Deborah and
ndy that they had found cancer cells
Caroline's spinal fluid. They suspect-
the cancer had invaded her brain.

The couple was devastated. "We
yed for a miracle," says Deborah,
rly overcome with emotion. "But
re was nothing they could do. That
s when we gave up hope."

The physicians believed they could
gthen Caroline's life by using radia-
n to shrink the tumors. So on
gust 30—the day after her birth-
—she endured her first treatment.

Two days later, Deborah and Randy held Caroline's hand as she twisted in bed. She was semi-conscious, but she was suffering. Randy angrily sought out a nurse.

"The doctors all promised me my daughter wouldn't be in pain. But she is," he said, sobbing. "Can't you do anything?"

The nurse explained that they couldn't give Caroline any more morphine because it might jeopardize her breathing. A hospice service could be more liberal with the painkillers, she said, making Caroline's comfort their priority. Seeing their daughter in so much agony, Deborah and Randy decided it was time to end the battle.

"She wasn't improving at all. We just wanted to have her home and out of pain," remembers Deborah.

The next morning, they brought Caroline home for the last time. Aided by hospice workers, they took shifts to care for their daughter, giving her morphine and valium when her body spasmed with pain.

Through it all, Caroline was barely conscious. Deborah and Randy bought her the puppy they'd been promising, a black Lab they named Lucy after *I Love Lucy*, her favorite TV show. Though she was unable to pet the dog, Caroline smiled and her eyes lit up.

The following day, friends and family, including Caroline's stepbrother, Kelly, thirty (Randy's son from a previous marriage), came to say good-bye.

"The doctors said Caroline probably knew she was dying," says Deborah. "But there was this lullaby I'd sung to her since she was a baby. It ended, 'I'll see you in the morning.' This time I changed the words to 'I'll see you up in heaven.' Caroline's eyes moved. I knew she had heard me and that she understood. I told her, 'Daddy and I love you.'"

On September 4, just two days after returning home, Caroline died with her parents beside her. Randy played her beloved Winnie-The-Pooh music box as her breathing slowed and then stopped.

"She was finally at peace," says Deborah, wiping away tears. "She looked so serene and out of pain, in God's arms." *(continued)*



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"CAROLINE WAS A GIFT"

Continued

Determined to do the last few things they could for their daughter, Deborah bathed her and washed her hair, and dressed her in a pretty summer dress. Randy brought her a pink rosebud from their garden—which still sits on the pillow on her bed.

At Caroline's funeral, Kelly gave his stepsister's eulogy. "Caroline did everything a little bit earlier in life," he said. "It is as if she knew she was going to be called to God's side sooner and wanted to experience as much as possible of this life. . . . In only nine short years, Caroline perfected the art of living."

IN CAROLINE'S MEMORY

In the months since their daughter's death, Deborah and Randy have taken action against the disease that claimed her life. Using Deborah's power and influence as a Congresswoman, they are helping to find a cure for pediatric solid-tumor cancers like neuroblastoma, which strikes more than 7,000 children in the U.S. each year.

To raise money for research, they've founded an organization called Hope Street Kids, under the umbrella of the Cancer Research Foundation of America. Their first fund-raiser is a golf and tennis benefit called "Swinging for Caroline," on June 12 in Alexandria, Virginia.

On Capitol Hill, Deborah is also fighting for legislation to aid pediatric cancer programs across the country. The first such bill she sponsored, which was passed by Congress last November, reallocates federal funds for children's hospitals to spend on physician training.

For now, Randy and Deborah have decided not to pursue a lawsuit against the doctors at Columbus Children's Hospital who misdiagnosed their daughter's cancer—although they believe an earlier diagnosis might have improved her prognosis. "Suing would mean that we'd have to relive it all again," says Deborah. "I'd be very surprised if we decide to do that."

In the meantime, the couple continues to grieve for Caroline. "I have a good cry every day," Deborah says.

They have their favorite memories, like the ski trip last year when Caroline—her legendary spunk intact even in the midst of chemotherapy—skied the toughest runs. And, at times, they feel she is still with them. Last fall, they visited the cabin where they'd often vacationed as a family. "It was so sad, because Caroline wasn't there," says Deborah tearfully. "But I felt her near, especially when I looked down and saw a four-leaf clover, just like the patch we'd found together in Central Park."

Kathryn Casey is a contributing editor of Ladies' Home Journal.

For more information on Hope Street Kids, visit the group's Web site, www.preventcancer.org/hopestreetkids.htm. Donations can be sent to Hope Street Kids, Cancer Research Foundation of America, 1600 Duke Street, Alexandria, VA 22314.

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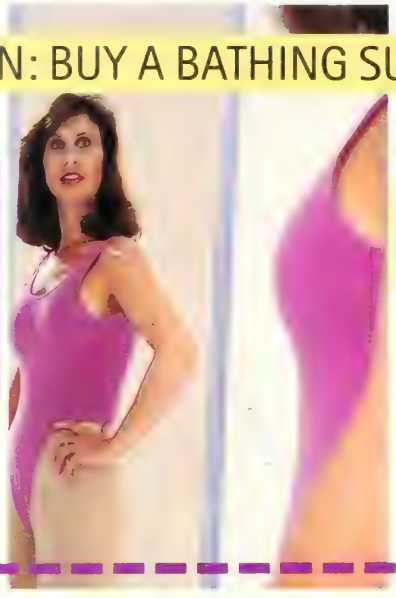
Buying a BATHING SUIT

The temperature's rising. The local pool (or lake or beach) is beckoning. There are no two ways about it. One of these days soon, you're going to have to take off your clothes and jump in the water. But when that time comes, what kind of bathing suit are you going to wear? **By Pamela Redmond Satran**

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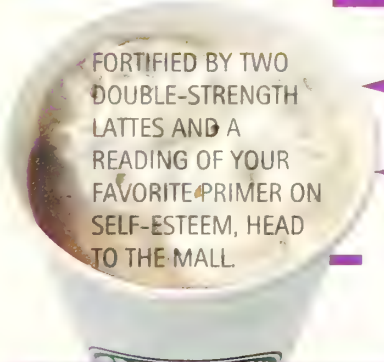
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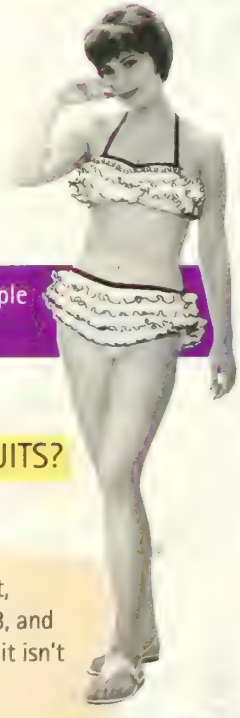


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